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**FEDERAL FORM 990**  
**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

**PUBLIC DISCLOSURE COPY**

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**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022****Open to Public  
Inspection****A For the 2022 calendar year, or tax year beginning****and ending****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

DEBORAH HEART AND LUNG CENTER

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

200 TRENTON ROAD

City or town, state or province, country, and ZIP or foreign postal code

BROWNS MILLS, NJ 08015

**F** Name and address of principal officer: JOSEPH CHIRICHELLA

200 TRENTON ROAD, BROWNS MILLS, NJ 08015

**D** Employer identification number

23-1550955

**E** Telephone number

(609) 893-6611

**G** Gross receipts \$

227,760,693.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.DEMANDDEBORAH.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1922**M** State of legal domicile: NJ**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO PROVIDE THE HIGHEST QUALITY HEART, LUNG AND VASCULAR CARE IN A COLLABORATIVE AND WELCOMING ENVIRONMENT, WHILE ENSURING ACCESS FOR ALL.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 9
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 8
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 1,386
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 30
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b NONE	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 15,354,413. Current Year 8,900,791.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	211,072,291. 218,125,483.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,305,763. 15,530.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	636,847. 620,496.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,369,314. 227,662,300.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	110,149,740. 116,676,729.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	NONE
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,115,714. 106,091,207.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	218,265,454. 222,767,936.
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	11,103,860. 4,894,364.
<b>Net Assets or Fund Balances</b>		<b>20</b>	Total assets (Part X, line 16)
	<b>21</b>	Total liabilities (Part X, line 26)	80,959,132. 67,673,803.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	86,267,120. 84,525,800.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
<b>Paid Preparer Use Only</b>	SCOTT J MARIANI			P00642486
	Firm's name WITHUMSMITH+BROWN, PC	Firm's EIN	22-2027092	
	Firm's address 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070	Phone no.	973-898-9494	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

TO PROVIDE THE HIGHEST QUALITY HEART, LUNG AND VASCULAR CARE IN A  
COLLABORATIVE AND WELCOMING ENVIRONMENT, WHILE ENSURING ACCESS FOR  
ALL.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 200,491,142. including grants of \$ NONE ) (Revenue \$ 218,125,483. )

EXPENSES INCURRED IN PROVIDING THE HIGHEST QUALITY HEART, LUNG AND  
VASCULAR CARE IN A COLLABORATIVE AND WELCOMING ENVIRONMENT, WHILE  
ENSURING ACCESS FOR ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER  
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY  
TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.  
PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 200,491,142.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b> X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I. . . . .</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	254	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .	NONE	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 1,386		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .		
If "Yes," complete Form 6069.		

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KULPREET S. BARN, M.D. PHYSICIAN	55.00 NONE					X		1,262,813.	NONE	39,012.
(2) MARK MOSHIYAKHOV, M.D. PHYSICIAN	55.00 NONE					X		1,164,341.	NONE	22,238.
(3) JOSEPH CHIRICHELLA TRUSTEE - PRESIDENT/CEO	55.00 NONE	X		X				1,023,400.	NONE	37,906.
(4) RAFFAELE CORBISIERO, M.D. PHYSICIAN	55.00 NONE					X		867,901.	NONE	41,133.
(5) STEPHEN J. SZAWLEWICZ, M.D. PHYSICIAN	55.00 NONE					X		815,078.	NONE	42,062.
(6) RENEE P. BULLOCK-PALMER, M.D. PHYSICIAN	55.00 NONE					X		773,199.	NONE	30,723.
(7) JOSEPH R. MANNI EVP OPERATIONS/COO	55.00 NONE			X				503,550.	NONE	36,656.
(8) SUSAN D. BONFIELD, ESQ. SEC. - EVP/GENERAL COUNSEL	55.00 NONE			X				434,459.	NONE	73,749.
(9) THOMAS R. PERCELLO TREASURER-EVP FINANCE/CFO	55.00 NONE			X				398,091.	NONE	37,262.
(10) RICHARD S. TEMPLE VP/CIO	55.00 NONE				X			303,330.	NONE	39,262.
(11) MARION STAMOPOULOS VP HR/CHRO	55.00 NONE				X			246,622.	NONE	35,175.
(12) RITA ZENNA VP PATIENT CARE SERVICES	55.00 NONE				X			253,930.	NONE	21,352.
(13) AARON KUGELMASS, M.D. EVP/CHIEF MEDICAL OFFICER	55.00 NONE			X				67,991.	NONE	NONE
(14) BARBARA GEORGE JOHNSON CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) LEM BURNHAM, PH.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 16 ) BARBARA CHAMBERLAIN, PH.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 17 ) ANNA PAYANZO COTTON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 18 ) SANDI FEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 19 ) GEORGE S. LOESCH TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 20 ) DENNIS L. KING TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 21 ) CHARLES J. MCAFEE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 22 ) ROBERT M. BIRNBAUM TRUSTEE (TERMED)	1.00 NONE	X						NONE	NONE	NONE
( 23 ) RICHARD S. HAYDINGER TRUSTEE (TERMED)	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								8,114,705.	NONE	456,530.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,114,705.	NONE	456,530.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 166

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 72

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	8,105,063.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	718,727.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	77,001.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		8,900,791.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NET PATIENT SERVICE REVENUE		541900	211,939,282.	211,939,282.	
<b>b</b>		OTHER HEALTHCARE RELATED REVENUE		541900	6,186,201.	6,186,201.	
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			218,125,483.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			110,537.	NONE	110,537.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			3,386.		3,386.
	<b>5</b>	Royalties . . . . .			NONE		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	610,058.			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	610,058.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			610,058.		610,058.
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	98,393.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	-98,393.			
	<b>d</b>	Net gain or (loss) . . . . .			-98,393.		-98,393.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE			
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	MEDICAL RECORD COPIES		900099	10,438.		10,438.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			10,438.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			227,662,300.	218,125,483.	NONE	636,026.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,512,762.	3,161,486.	351,276.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	94,962,938.	85,466,644.	9,496,294.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,054,995.	949,495.	105,500.	
9 Other employee benefits . . . . .	11,115,355.	10,003,820.	1,111,535.	
10 Payroll taxes . . . . .	6,030,679.	5,427,611.	603,068.	
11 Fees for services (nonemployees):				
a Management . . . . .	30,000.	27,000.	3,000.	
b Legal . . . . .	2,263,187.	2,036,868.	226,319.	
c Accounting . . . . .	549,207.	494,286.	54,921.	
d Lobbying . . . . .	151,600.	136,440.	15,160.	
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	27,350.	24,615.	2,735.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 22,668,565.	20,401,709.	2,266,856.	NONE
12 Advertising and promotion . . . . .	1,983,993.	1,785,594.	198,399.	
13 Office expenses . . . . .	2,949,216.	2,654,294.	294,922.	
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	3,809,767.	3,428,790.	380,977.	
17 Travel . . . . .	87,889.	79,100.	8,789.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	2,388.	2,149.	239.	
20 Interest . . . . .	287,507.	258,756.	28,751.	
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	6,883,834.	6,195,451.	688,383.	
23 Insurance . . . . .	1,207,818.	1,087,036.	120,782.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	56,988,882.	51,289,994.	5,698,888.	
b REPAIRS AND MAINTENANCE	3,673,290.	3,305,961.	367,329.	
c ASSESSMENTS	1,201,440.	1,081,296.	120,144.	
d DUES AND SUBSCRIPTIONS	196,220.	176,598.	19,622.	
e All other expenses	1,129,054.	1,016,149.	112,905.	
25 Total functional expenses. Add lines 1 through 24e	222,767,936.	200,491,142.	22,276,794.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,850.	<b>1</b>	1,850.
	<b>2</b> Savings and temporary cash investments. . . . .	32,596,999.	<b>2</b>	12,671,079.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	26,791,856.	<b>4</b>	28,455,928.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	6,298,076.	<b>8</b>	6,488,326.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,292,898.	<b>9</b>	1,102,631.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 135,677,850.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 87,377,498.		
		35,981,745.	<b>10c</b>	48,300,352.
	<b>11</b> Investments - publicly traded securities. . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	49,244,660.	<b>13</b>	41,295,648.
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	11,018,168.	<b>15</b>	13,883,789.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	167,226,252.	<b>16</b>	152,199,603.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	37,583,602.	<b>17</b>	37,894,953.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	4,349,640.	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,999,065.	<b>23</b>	15,162,465.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	33,026,825.	<b>25</b>	14,616,385.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	80,959,132.	<b>26</b>	67,673,803.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	66,864,980.	<b>27</b>	66,134,473.
	<b>28</b> Net assets with donor restrictions. . . . .	19,402,140.	<b>28</b>	18,391,327.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	86,267,120.	<b>32</b>	84,525,800.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	167,226,252.	<b>33</b>	152,199,603.

Form **990** (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	227,662,300.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	222,767,936.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,894,364.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	86,267,120.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-4,398,328.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	-2,237,356.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	84,525,800.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

  

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 . . . . .			
<b>b</b>	From 2018 . . . . .			
<b>c</b>	From 2019 . . . . .			
<b>d</b>	From 2020 . . . . .			
<b>e</b>	From 2021 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 . . . .			
<b>b</b>	Excess from 2019 . . . .			
<b>c</b>	Excess from 2020 . . . .			
<b>d</b>	Excess from 2021 . . . .			
<b>e</b>	Excess from 2022 . . . .			

Schedule A (Form 990) 2022

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
DEBORAH HEART AND LUNG CENTER	23-1550955

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		151,600.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			151,600.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions. . . . .	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 1G

DURING 2022, THE ORGANIZATION PAID OUTSIDE LOBBYING FIRMS \$121,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS.

THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO CERTAIN SENIOR MANAGEMENT PERSONNEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTS TO \$30,600.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

23-1550955

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ a Public exhibition      ☐ d Loan or exchange program  
☐ b Scholarly research      ☐ e Other \_\_\_\_\_  
☐ c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	19,402,140.	18,115,004.	15,954,180.	8,687,120.	8,461,169.
b Contributions . . . . .	50,037.	8,905,335.	3,815,484.	1,472,317.	1,153,782.
c Net investment earnings, gains, and losses . . . . .	-1,020,546.	-5,198,222.	-740,556.	7,393,039.	194,202.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	40,304.	2,419,977.	914,104.	1,598,296.	1,122,033.
f Administrative expenses . . . . .					
g End of year balance . . . . .	18,391,327.	19,402,140.	18,115,004.	15,954,180.	8,687,120.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment 100.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		100,365.		100,365.
b Buildings . . . . .		47,156,074.	38,263,270.	8,892,804.
c Leasehold improvements . . . . .		3,222,930.		3,222,930.
d Equipment . . . . .		78,759,943.	49,114,228.	29,645,715.
e Other . . . . .		6,438,538.		6,438,538.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				48,300,352.

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH & CASH EQUIV.; LTD USE	5,452,895.	FMV
(2) CORPORATE BONDS; LIMITED USE	1,001,704.	FMV
(3) EQUITY SECURITIES; LIMITED USE	18,227,680.	FMV
(4) GOVERNMENT SEC.; LTD. USE	1,935,578.	FMV
(5) INTEREST IN DHF ASSETS	6,988,536.	FMV
(6) BENEFICIAL INT IN PERP TRUST	1,538,738.	FMV
(7) PROGRAM RELATED INVESTMENTS	1,397,250.	FMV
(8) INSURANCE FUND	4,700,663.	FMV
(9) CERTIFICATES OF DEPOSIT	52,604.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	41,295,648.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,312,795.
(2) DUE FROM AFFILIATE	6,236,496.
(3) OTHER ASSETS	544,614.
(4) DEFERRED FINANCING	369,077.
(5) RIGHT OF USE ASSETS	5,420,807.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	13,883,789.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST AMTS DUE TO THIRD-PARTY PAYORS	2,235,844.
(3) ACCRUED PENSION EXPENSE	1,298,571.
(4) ESTIMATED MALPRACTICE CLAIMS LIAB.	5,028,339.
(5) ACCRUED INTEREST PAYABLE	NONE
(6) CARES ACT MEDICARE ADVANCEMENT	532,090.
(7) RIGHT OF USE ASSETS - OPERATING	5,521,541.
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	14,616,385.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

SCHEDULE D, PART X

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF DEBORAH HEART AND LUNG CENTER ("CENTER") AND ITS SUBSIDIARIES FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2022 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48(ASC 740):

THE CENTER FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CENTER DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIOD PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. SHOULD ANY SUCH PENALTIES BE INCURRED, THE CENTER'S POLICY WOULD BE TO RECOGNIZE THEM AS OPERATING EXPENSES.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

23-1550955

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	<input checked="" type="checkbox"/>
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>	<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			16,715,823.	895,583.	15,820,240.	7.10
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			19,324,166.	13,457,533.	5,866,633.	2.63
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .			36,039,989.	14,353,116.	21,686,873.	9.73
Other Benefits						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,204,527.	65,300.	1,139,227.	0.51
<b>f</b> Health professions education (from Worksheet 5) . . . . .			6,953,937.	646,889.	6,307,048.	2.83
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			5,833,213.	NONE	5,833,213.	2.62
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			94,122.	NONE	94,122.	0.04
<b>j Total.</b> Other Benefits . . . . .			14,085,799.	712,189.	13,373,610.	6.00
<b>k Total.</b> Add lines 7d and 7j . . . . .			50,125,788.	15,065,305.	35,060,483.	15.73

**Part II Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	63,476,794.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	64,004,278.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-527,484.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a		X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS NJ 08015 WWW.DEMANDDEBORAH.ORG	20301									
<b>2</b>	X			X						1
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: DEBORAH HEART AND LUNG CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	X
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	X
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.DEMANDDEBORAH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	X
a	If "Yes," (list url): <u>WWW.DEMANDDEBORAH.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: DEBORAH HEART AND LUNG CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> X	
<b>a</b> <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.DEMANDDEBORAH.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.DEMANDDEBORAH.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.DEMANDDEBORAH.ORG</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group: DEBORAH HEART AND LUNG CENTER

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b>	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	<b>19</b>		X
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input checked="" type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why:	<b>21</b>	X	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: DEBORAH HEART AND LUNG CENTER

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	<b>23</b>	<b>X</b>
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	<b>24</b>	<b>X</b>

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## SCHEDULE H, PART V, SECTION B, QUESTION 5

IN 2022 DEBORAH COMPLETED A NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FROM JANUARY THROUGH JUNE 2022 IN ORDER TO SHAPE ITS NEW COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR 2023-2025. AS WELL IN 2022 DEBORAH COMPLETED ITS PREVIOUS THREE-YEAR CHIP PLAN DEVELOPED AFTER ITS 2019 CHNA.

TO GUIDE OUR COMMUNITY BENEFIT AND HEALTH IMPROVEMENT EFFORTS, DEBORAH'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED QUANTITATIVE AND QUALITATIVE RESEARCH METHODS TO DETERMINE HEALTH TRENDS AND DISPARITIES WITHIN THE DEBORAH SERVICE AREA. COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA. IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, INPUT WAS SOLICITED AND RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. THESE INDIVIDUALS PROVIDED WIDE PERSPECTIVES ON HEALTH TRENDS, EXPERTISE ABOUT EXISTING COMMUNITY RESOURCES AVAILABLE TO MEET THOSE NEEDS, AND INSIGHTS INTO SERVICE DELIVERY GAPS THAT CONTRIBUTE TO HEALTH DISPARITIES.

PRIMARY CHNA STUDY METHODS THAT WERE USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS AND HEALTH IMPROVEMENT PARTNERS INCLUDED A KEY INFORMANT SURVEY; A COMMUNITY SURVEY WITH RESIDENTS OF BURLINGTON AND OCEAN COUNTIES; A PARTNER FORUM WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS; AND FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS.

A KEY INFORMANT SURVEY WAS CONDUCTED WITH COMMUNITY REPRESENTATIVES WITHIN DEBORAH'S SERVICE AREA TO SOLICIT INFORMATION ABOUT HEALTH NEEDS AMONG RESIDENTS. A TOTAL OF 30 INDIVIDUALS RESPONDED TO THE SURVEY, INCLUDING HEALTH AND SOCIAL SERVICE PROVIDERS; COMMUNITY AND PUBLIC HEALTH EXPERTS; CIVIC, RELIGIOUS, AND SOCIAL LEADERS; POLICY MAKERS AND ELECTED OFFICIALS; AND OTHERS REPRESENTING DIVERSE POPULATIONS. APPROXIMATELY 67% OF STAKEHOLDERS SERVED BURLINGTON COUNTY, 7% SERVED OCEAN COUNTY AND 20% SERVED ALL OF NEW JERSEY. OTHER GEOGRAPHIES SERVED BY STAKEHOLDERS INCLUDED SURROUNDING COUNTIES, INCLUDING ATLANTIC, CAMDEN, GLOUCESTER, AND MERCER COUNTIES. NEARLY 57% OF STAKEHOLDERS SERVED ALL POPULATIONS. A LIST OF COMMUNITY ORGANIZATIONS REPRESENTED BY KEY INFORMANTS IS INCLUDED BELOW:

- AMERICAN HEART ASSOCIATION-SOUTHERN NEW JERSEY
- ASPEN HILLS HEALTHCARE CENTER
- BURLINGTON COUNTY EYE PHYSICIANS
- BURLINGTON COUNTY HEALTH DEPARTMENT
- BURLINGTON COUNTY MILITARY AFFAIRS COMMITTEE
- BURLINGTON COUNTY REGIONAL CHAMBER OF COMMERCE
- BURLINGTON TOWNSHIP HEALTH & WELLNESS CAMPAIGN-CAPITAL HEALTH
- COMPLETE CARE BURLINGTON WOODS
- GIRL SCOUTS OF CENTRAL AND SOUTHERN NJ

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- GREATER PHILADELPHIA YMCA
- JOINT BASE MCGUIRE-DIX-LAKEHURST 87TH MEDICAL GROUP
- MARYVILLE, INC.
- OCCUPATIONAL TRAINING CENTER
- OCEAN HEALTHCARE/ASPEN HILLS HEALTHCARE CENTER
- OFFICE OF SENATOR SINGLETON
- PEMBERTON BRANCH OF THE BURLINGTON COUNTY LIBRARY
- PEMBERTON TOWNSHIP COUNCIL
- PEMBERTON TOWNSHIP HIGH SCHOOL
- PEMBERTON TOWNSHIP MAYOR
- PEMBERTON TOWNSHIP SCHOOL DISTRICT
- PINELANDS FAMILY SUCCESS CENTER
- ROWAN COLLEGE OF BURLINGTON COUNTY
- SAINTS MEMORIAL COMMUNITY CHURCH
- SAMARITAN HEALTHCARE & HOSPICE
- SISTERHOOD INC.
- VIRTUA HEALTH, OEM

NEARLY HALF OF KEY INFORMANTS INDICATED THAT THEY SERVED ALL POPULATIONS WITHIN THE COMMUNITY (56.7%). OTHER POPULATIONS SERVED BY KEY INFORMANTS INCLUDED THE FOLLOWING UNDERSERVED OR VULNERABLE POPULATIONS, AMONG OTHERS:

- CHILDREN/YOUTH (23.3%)
- LOW - INCOME/POOR (20%)
- ACTIVE MILITARY (16.7%)
- UNINSURED/UNDERINSURED (16.7%)
- BLACK/AFRICAN AMERICAN (13.3%)
- SENIORS/ELDERLY (13.3%)
- DISABLED (13.3%)
- RELIGIOUS COMMUNITY (13.3%)
- HISPANIC/LATINX (10.0%)
- YOUNG ADULTS (AGE 19-24) (10.0%)
- HOMELESS (10.0%);
- OTHER (10.0%)
- AMERICAN INDIAN/ALASKA NATIVE (6.7%)
- ASIAN/SOUTH ASIAN (6.7%)
- PACIFIC ISLANDER/NATIVE HAWAIIAN (6.7%)
- LGBTQ+ COMMUNITY (6.7%)
- IMMIGRANT/REFUGEE 6.7%)

A COMMUNITY SURVEY WAS CONDUCTED WITH RESIDENTS OF BURLINGTON AND OCEAN COUNTIES TO GATHER INSIGHTS INTO HEALTH STATUS, RISK BEHAVIORS, BARRIERS TO ACCESSING HEALTH SERVICES, AND THE HEALTH AND SOCIAL NEEDS OF COMMUNITY MEMBERS. THE SURVEY WAS CONDUCTED FROM APRIL THROUGH JUNE 2022 WITH ADULTS AGED 18 OR OVER. THE SURVEY WAS WIDELY AVAILABLE TO THE COMMUNITY AS AN ELECTRONIC LINK USING PRINT ADS, WEBSITES, EMAIL, AND SOCIAL MEDIA. PAPER SURVEYS WERE ALSO AVAILABLE AND SHARED BY COMMUNITY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ORGANIZATIONS. A TOTAL OF 1,315 COMMUNITY MEMBERS COMPLETED THE SURVEY. THE LARGEST PERCENTAGE OF RESPONDENTS RESIDED IN ZIP CODES 08759, MANCHESTER TOWNSHIP (15.6%) AND, 08015, BROWNS MILLS (15.3%), WHICH IS THE HOME ZIP CODE OF DEBORAH HEART AND LUNG CENTER.

THE PARTNER FORUM WAS HELD ON JULY 11, 2022 AT DEBORAH'S WINDERMANN AUDITORIUM IN BROWNS MILLS. A TOTAL OF 19 PEOPLE ATTENDED IN ADDITION TO DEBORAH STAFF. ORGANIZATIONS REPRESENTED INCLUDED, HEALTH AND SOCIAL SERVICE AGENCIES, LOCAL GOVERNMENT, MILITARY PERSONNEL, AND CIVIC ORGANIZATIONS. THE OBJECTIVE OF THE FORUM WAS TO SHARE DATA FROM THE CHNA AND GARNER FEEDBACK ON COMMUNITY HEALTH PRIORITIES, AS WELL AS OPPORTUNITIES FOR COLLABORATION AMONG PARTNER AGENCIES.

RESEARCH FROM THE CHNA WAS PRESENTED AT THE SESSION WITH AUDIENCE DISCUSSION AND QUESTIONS. LARGE AND SMALL GROUP DIALOGUE WAS FACILITATED TO DISCUSS RESEARCH FINDINGS, EXISTING RESOURCES AND INITIATIVES TO ADDRESS PRIORITY AREAS, AND NEW OR INNOVATIVE OPPORTUNITIES FOR CROSS-SECTOR COLLABORATION.

THE FOLLOWING IS A LIST OF ORGANIZATIONS REPRESENTED BY PARTNER FORUM ATTENDEES:

- ASPEN HILLS HEALTHCARE CENTER 2 REPRESENTATIVES)
- BURLINGTON COUNTY COMMUNITY ACTION PARTNERSHIP
- BURLINGTON COUNTY HEALTH DEPARTMENT
- CAPITAL HEALTH
- CENTER FOR FAMILY SERVICES
- IVY REHAB
- JOINT BASE MCGUIRE-DIX-LAKEHURST (4 REPRESENTATIVES FROM DIFFERENT DIVISIONS)
- NATIONAL COALITION OF 100 BLACK WOMEN, INC.
- OCEAN COUNTY HEALTH DEPARTMENT (2 REPRESENTATIVES)
- PEMBERTON TOWNSHIP
- PINELANDS FAMILY SUCCESS CENTER
- SAMARITAN
- SISTERHOOD (2 REPRESENTATIVES)

AS PART OF THE 2022 CHNA, TWO FOCUS GROUPS WERE CONDUCTED WITH RESIDENTS, ONE EACH IN BURLINGTON AND OCEAN COUNTIES. THE OBJECTIVES OF THE FOCUS GROUPS WERE TO DEFINE BARRIERS TO ACCESSING HEALTHCARE SERVICES; BETTER UNDERSTAND DRIVERS OR MOTIVATORS FOR ACCESSING PREVENTATIVE HEALTHCARE; EXPLORE INDIVIDUAL PERCEPTIONS AND EXPERIENCES WITH HEALTHCARE DELIVERY AND RECOMMENDATIONS FOR IMPROVEMENT; AND DETERMINE CHALLENGES THAT IMPACT HEALTH AND DISEASE MANAGEMENT. A TOTAL OF 27 PEOPLE PARTICIPATED IN THE COMMUNITY CONVERSATION.

DEBORAH'S IMMEDIATE SERVICE AREA IS UNIQUE WITH THREE OF THE SURROUNDING ZIP CODES COMPRISING JOINT BASE MCGUIRE-DIX-LAKEHURST (JB MDL). JB MDL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUPPORTS MORE THAN 50,000 ACTIVE DUTY, GUARD, RESERVE, FAMILY MEMBERS, RETIREES, VETERANS, AND CIVILIAN PERSONNEL. DEBORAH'S 2022 CHNA SOUGHT TO INCLUDE RELEVANT HEALTH DATA FOR JB MDL MILITARY PERSONNEL AND FAMILIES AND ENGAGE KEY STAKEHOLDERS IN HEALTH IMPROVEMENT RESEARCH AND PLANNING.

DEBORAH DID NOT RECEIVE ANY WRITTEN COMMENTS ON ITS 2019 CHNA OR IMPLEMENTATION STRATEGY FOR CONSIDERATION DURING THE 2022 CHNA PROCESS

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

DEBORAH IS NEW JERSEY'S ONLY HEART, LUNG AND VASCULAR SPECIALTY HOSPITAL. GIVEN THE HOSPITAL'S SPECIALTY MEDICAL FOCUS AND UNIQUE SERVICE AREA, INCLUDING JB MDL, DEBORAH SOUGHT TO CONDUCT A 2022 CHNA THAT REFLECTED ITS COMMUNITY'S DISTINCTIVE NEEDS. WHILE DEBORAH DID NOT CONDUCT A JOINT CHNA WITH OTHER HOSPITAL FACILITIES OR COMMUNITY ORGANIZATIONS, PARTNER HOSPITALS AND ORGANIZATIONS WERE ACTIVELY ENGAGED AS PART OF THE CHNA PROCESS, INCLUDING THE KEY INFORMANT SURVEY AND PARTNER FORUM. ADDITIONALLY, DEBORAH CONDUCTS JOINT PROGRAMMING WITH PARTNER INSTITUTIONS, INCLUDING HERO CARE CONNECT, A PROGRAM WITH COOPER UNIVERSITY HEALTH CARE DESIGNED TO INCREASE ACCESS TO SPECIALTY MEDICAL SERVICES FOR ACTIVE DUTY/RETIRED MILITARY, ACTIVATED NATIONAL GUARDSMEN, VETERANS, AND FAMILY MEMBERS OF ANY CURRENT OR FORMER MILITARY MEMBERS ACROSS SOUTHERN NEW JERSEY; AND THE SATELLITE EMERGENCY DEPARTMENT ON DEBORAH'S CAMPUS OPERATED BY CAPITAL HEALTH SYSTEM, INC.

SCHEDULE H, PART V, SECTION B, QUESTION 7A

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE ORGANIZATION. THE 2022 CHNA CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEBORAHADMIN.COM/APP/UPLOADS/SITES/2/2023/01/DEBORAH-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-CHNA-2022-2.PDF](https://deborahadmin.com/app/uploads/sites/2/2023/01/deborah-community-health-needs-assessment-chna-2022-2.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 8

AS A SPECIALTY HOSPITAL, DEBORAH HEART AND LUNG CENTER WILL SEEK TO ADDRESS THE NEEDS IDENTIFIED IN THE REPORT LINKED ABOVE. THERE ARE CERTAIN OTHER HEALTH NEEDS IDENTIFIED IN THE CHNA SURVEY THAT DEBORAH WILL NOT ADDRESS AS THESE NEEDS ARE BEST SERVED THROUGH SPECIALIZED HEALTHCARE PROVIDERS, COMMUNITY RESOURCES OR OTHERWISE.



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THESE UNADDRESSED, IDENTIFIED NEEDS INCLUDE:

- BEHAVIORAL HEALTH AND CHRONIC DISEASE COMORBIDITIES; AND
- SUBSTANCE ABUSE.

DEBORAH WILL MAKE REFERRALS FOR THESE CLINICAL ISSUES WHENEVER POSSIBLE.

SCHEDULE H, PART V, SECTION B, QUESTION 10

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE ORGANIZATION. THE COMPLETED THREE-YEAR IMPLEMENTATION STRATEGY (CHIP 2020-2022) CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEBORAHADMIN.COM/APP/UPLOADS/SITES/2/2023/07/CHIP-REPORT-FOR-WEB-2020-2022.PDF](https://deborahadmin.com/app/uploads/sites/2/2023/07/chip-report-for-web-2020-2022.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 11

DEBORAH SHARED FINDINGS FROM THE CHNA RESEARCH, INCLUDING HEALTH STATUS INDICATORS AND SOCIOECONOMIC MEASURES, WITH COMMUNITY PARTNERS AND KEY STAKEHOLDERS DURING THE PARTNER FORUM TO SOLICIT INPUT INTO COMMUNITY HEALTH PRIORITIES. A FORMAL PRESENTATION OF DATA WAS MADE TO PARTNER FORUM ATTENDEES, AND MEMBERS WERE ASKED TO DISCUSS AND DEVELOP A LIST OF COMMUNITY NEEDS BASED ON THE RESEARCH AND THEIR EXPERIENCE WITHIN THE COMMUNITY.

IN DETERMINING COMMUNITY HEALTH PRIORITIES, PARTNER FORUM ATTENDEES WERE ASKED TO CONSIDER THE FOLLOWING RATIONALE AND CRITERIA:

SCOPE: HOW MANY PEOPLE ARE AFFECTED?

SEVERITY: HOW CRITICAL IS THE ISSUE?

ABILITY TO IMPACT: CAN WE ACHIEVE THE DESIRED OUTCOME?

COMMUNITY READINESS: IS THE COMMUNITY PREPARED TO TAKE ACTION?

COMMUNITY HEALTH NEEDS IDENTIFIED BY PARTNER FORUM ATTENDEES INCLUDED ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE USE DISORDER, AND CHRONIC CONDITIONS, WITH A FOCUS ON HIGH-RISK OR VULNERABLE POPULATIONS, INCLUDING AGING POPULATIONS, LGBTQ+, RACIAL AND ETHNIC MINORITIES, AND MILITARY PERSONNEL. SOCIAL DETERMINANTS OF HEALTH WERE RECOGNIZED AS CROSS-CUTTING FACTORS ACROSS ALL HEALTH ISSUES.

DEBORAH'S CHNA EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES REVIEWED

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FINDINGS FROM THE CHNA RESEARCH AND FEEDBACK FROM PARTNER FORUM ATTENDEES, TO DETERMINE PRIORITY HEALTH NEEDS FOR ITS SERVICE AREA AND TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS. THE LEADERSHIP TEAM DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON THE IDENTIFIED PRIORITIES. THE CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES AND TAKES INTO CONSIDERATION THE IMPACT OF EFFORTS IN PRIOR CHIP CYCLES, WHILE RECOGNIZING NEW HEALTH NEEDS AND THE CHANGING HEALTH CARE DELIVERY ENVIRONMENT IDENTIFIED IN THE 2019 CHNA. FOR THE 2020-2022 CHIP CYCLE, DEBORAH INTENDS TO DEVOTE RESOURCES AND EXPERTISE TO ADDRESS THE FOLLOWING PRIORITY AREAS:

## PRIORITY AREA 1 - ACCESS TO CARE

GOAL: IMPROVE ACCESS TO HEALTHCARE AND ASSIST IN COORDINATION OF CARE.

## OBJECTIVES:

- ASSIST IN IDENTIFYING GAPS IN ACCESS TO CARE AND RECRUIT/RETAIN PROVIDERS IN OUR SERVICE AREA
- ASSIST IN ADDRESSING MANAGEMENT OF SUBSTANCE USE DISORDERS AND MENTAL HEALTH ISSUES IN OUR PATIENT POPULATION
- REDUCE TRANSPORTATION BARRIERS THAT IMPEDE HEALTHCARE ACCESS TO OUR SERVICES
- FOSTER AND DEEPEN PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AND OTHER AREA PROVIDERS TO REDUCE INAPPROPRIATE AND/OR AVOIDABLE EMERGENCY ROOM USAGE
- INCREASE EARLY DETECTION AND IMPROVE ACCESS TO CARE AND TREATMENT OF LUNG CANCER
- RESEARCH AND PRESENT A PLAN TO BE CERTIFIED AS A TRUSTED LBGTQ FRIENDLY SPECIALTY PROVIDER
- GROW AND EXPAND PRIORITY SPECIALTY APPOINTMENT AND COMPREHENSIVE NAVIGATION SERVICES TO MEMBERS OF THE MILITARY, THEIR DEPENDENTS, VETERANS AND RETIREES
- EXPAND AND EDUCATE THROUGH OUTREACH OPPORTUNITIES TO INFORM FIRST RESPONDERS OF THE INCREASED RISK OF HEART LUNG AND VASCULAR DISEASES. INCREASE THE VOLUME OF FIRST RESPONDER ASSESSMENTS AT DEBORAH HEART AND LUNG CENTER

## PRIORITY AREA 2 - CHRONIC DISEASE EDUCATION AND MANAGEMENT

GOAL: INCREASE EDUCATION AND AWARENESS TO IDENTIFY AND REDUCE CHRONIC DISEASE RISK, AND IMPROVE CHRONIC DISEASE MANAGEMENT TO REDUCE HEALTHCARE RELIANCE AND IMPROVE QUALITY OF LIFE.

## OBJECTIVES:

- PROVIDE THE COMMUNITY WITH COMPLEMENTARY SCREENINGS FOR CHRONIC DISEASE WITHIN OUR SPECIALTY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- IMPROVE ACCESS TO CARE FOR CHRONIC CONDITIONS, INCLUDING ACCESS TO OUR SPECIALTY PROVIDERS WHO IDENTIFY AND TREAT CHRONIC CONDITIONS
- PROVIDE THE COMMUNITY WITH EDUCATION AND RESOURCES TO IDENTIFY AND MANAGE CHRONIC DISEASE
- WORK WITH OUR COMMUNITY PARTNERS TO IDENTIFY AND TRIAGE TO RESOURCES FOR SOCIAL DETERMINATES OF HEALTH THAT CONTRIBUTE TO CHRONIC DISEASE AND POOR ADHERENCE TO TREATMENT PLANS
- WORK TO REDUCE READMISSIONS OF OUR PATIENTS WITH CHRONIC DISEASE

## PRIORITY AREA 3 - ISSUES OF AGING/WELLBEING

GOAL: ASSIST SENIORS IN OUR IMMEDIATE SERVICE AREA AGE SUCCESSFULLY, MAINTAIN INDEPENDENCE AND PLAN FOR END OF LIFE THAT RESPECTS EACH PATIENT'S WISHES.

## OBJECTIVES:

- DEVELOP AND/OR PARTNER WITH COMMUNITY PROVIDERS TO OFFER COMMUNITY EDUCATION PROGRAMS/EDUCATION ON AGING RELATED ISSUES
- SUPPORT THE DEVELOPMENT OF A NETWORK OF COMMUNITY PROVIDERS TO PROVIDE IN HOME, PERSON-CENTERED CARE FOR PATIENTS WITH CHRONIC ILLNESS OR SERIOUS HEALTH PROBLEMS
- WORK WITH COMMUNITY PARTNERS TO DEVELOP AND IMPLEMENT GERIATRIC ASSESSMENT PROGRAMS
- REMOVE TRANSPORTATION BARRIERS FOR SENIORS TO ACCESS NEEDED HEALTHCARE SERVICES
- EXPLORE WITH COMMUNITY PARTNERS, IMPLEMENTATION OF A MEMORY ASSESSMENT PROGRAM

COMMUNITY STAKEHOLDERS IDENTIFIED MENTAL HEALTH AND SUBSTANCE USE DISORDER AS KEY DRIVERS OF POOR RESIDENT HEALTH OUTCOMES. WHILE DEBORAH WILL NOT ADDRESS THESE NEEDS AS PRIORITY HEALTH ISSUES DUE TO THE SPECIALTY NATURE OF ITS SERVICES AND AVAILABLE RESOURCES, THE HOSPITAL WILL CONTINUE TO BE A COMMUNITY PARTNER IN SUPPORTING RECOVERY EFFORTS. DEBORAH ACTIVELY WORKS IN PARTNERSHIP WITH THE BURLINGTON COUNTY PROSECUTOR'S OFFICE TO SUPPLY NARCAN TO FIRST RESPONDERS, PROVIDES EDUCATION AND ACCESS OPIOID ALTERNATIVES TO PAIN MANAGEMENT, AND IS EXPLORING TELEPSYCHIATRY AS WELL AS COMMUNITY PARTNERSHIPS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH PROVIDERS. THESE ACTIONS ARE PART OF A BROADER COMMUNITY-WIDE SOLUTION TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, QUESTIONS 13H AND 15E

A BILLING FILE IS MAINTAINED FOR EACH PATIENT, BUT PATIENTS ARE NOT BALANCED-BILLED. IF A PATIENT HAS INSURANCE, DEBORAH BILLS THE PATIENT'S INSURANCE FOR HOSPITAL SERVICES AND THE PHYSICIAN SERVICES PROVIDED BY DEBORAH'S EMPLOYED MEDICAL STAFF. IF A PATIENT IS UNDERINSURED OR UNINSURED, DEBORAH PROVIDES ASSISTANCE IN QUALIFYING THE PATIENT, OR THE FINANCIALLY RESPONSIBLE PARTY, FOR ANY APPLICABLE FEDERAL AND/OR STATE PROGRAMS. THE ELIGIBILITY AND FINANCIAL ASSISTANCE PROVIDED BY DEBORAH TO ALL OF IT PATIENTS IS THE SAME. DEBORAH ACCEPTS THE AMOUNT PAID THROUGH ANY APPLICABLE INSURANCE AND FEDERAL AND/OR STATE PROGRAMS WITHOUT BALANCE-BILLING OR PURSUING COLLECTION EFFORTS AGAINST ANY PATIENT FOR ANY REMAINING AMOUNTS.

SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B AND 16C

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR THE ORGANIZATION. DEBORAH'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEMANDDEBORAH.ORG/PATIENTS-AND-VISITORS/PATIENT-RESOURCES/FINANCIAL-INFORMATION/#](https://demanddeborah.org/patients-and-visitors/patient-resources/financial-information/#)

SCH H, PART V, SECT B, Q'S 2,3J,7D,13B,16J,18E,19E,20E,21C,21D,23&24

NOT APPLICABLE.

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2022

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3C

AS PART OF ITS MISSION, DEBORAH HEART AND LUNG CENTER DOES NOT BILL PATIENTS FOR THE COST OF HOSPITAL OR PROFESSIONAL SERVICES PROVIDED AT THE MAIN HOSPITAL BUILDING, 200 TRENTON ROAD, BROWNS MILLS, NEW JERSEY AS SUCH SERVICES FALL WITHIN THE SCOPE OF THE ORIGINAL WAIVER GRANTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. THE ORGANIZATION DOES NOT UTILIZE FEDERAL POVERTY GUIDELINES CRITERIA.

THE HOSPITAL HAS INITIATED CERTAIN OUTPATIENT SERVICES ON ITS CAMPUS OUTSIDE OF THE MAIN HOSPITAL BUILDING AT 200 TRENTON ROAD, BROWNS MILLS, NEW JERSEY AND DEBORAH INTERPRETS THE WAIVER REQUIRING BALANCE BILLING IN ACCORDANCE WITH FEDERAL LAW AT THESE LOCATIONS. TO ENSURE CONTINUITY OF CARE AND AVOID BARRIERS FOR THOSE DEBORAH HEART AND LUNG CENTER PATIENTS WHO CANNOT PAY, WAIVE ALL CO-PAY AND DEDUCTIBLES FOR PATIENTS WHO PRESENT WITH A SCRIPT FROM A DEBORAH HEART AND LUNG CENTER EMPLOYED PHYSICIAN. THIS DOES NOT APPLY TO PATIENTS PRESENTING WITH A SCRIPT FROM ANY OTHER PHYSICIAN OR GROUP, INCLUDING DEBORAH SPECIALTY PHYSICIANS, DEBORAH WILL

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FOLLOW STANDARD BILLING PRACTICES IN ACCORDANCE WITH FEDERAL LAW FOR  
THESE SERVICES PROVIDED.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN DEBORAH'S CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A: QUESTIONS 2 & 3

THE CENTER PREPARES AND ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED  
FINANCIAL STATEMENTS OF THE CENTER:

THE CENTER PROVIDES PRICE CONCESSIONS FOR UNCOMPENSATED CARE RESULTING  
FROM ITS CHARITY CARE POLICY FOR SERVICES. THE PRICE CONCESSION IS  
DETERMINED BY ANALYZING PATIENT AND HISTORICAL DATA AND TRENDS. THESE  
PRICE CONCESSIONS ARE RECORDED AS A REDUCTION TO PATIENT SERVICE REVENUE.

SCHEDULE H, PART III, SECTION A: QUESTION 4

THE CENTER PREPARES AND ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS.  
THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED  
FINANCIAL STATEMENTS OF THE CENTER:

UNCOMPENSATED CARE AND STATE SUBSIDIES

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE CENTER PROVIDES PRICE CONCESSIONS FOR UNCOMPENSATED CARE RESULTING FROM ITS CHARITY CARE POLICY FOR SERVICES. THE PRICE CONCESSION IS DETERMINED BY ANALYZING PATIENT AND HISTORICAL DATA AND TRENDS. THESE PRICE CONCESSIONS ARE RECORDED AS A REDUCTION TO PATIENT SERVICE REVENUE.

THE CENTER PROVIDES CHARITY CARE TO PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA ESTABLISHED BY THE STATE OF NEW JERSEY. THE DIRECT AND INDIRECT COST OF SERVICES AND SUPPLIES FURNISHED TO PATIENTS ELIGIBLE FOR SUCH CHARITY CARE, USING A RATIO OF COST TO GROSS CHARGES, APPROXIMATED \$6,101,000 AND \$7,103,000 FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY.

THE CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. IN 2022 AND 2021, THE AMOUNT OF CHARGES FORGONE FOR SERVICES PROVIDED TO PATIENTS UNDER ITS CHARITY CARE POLICY, NET OF THE HEALTH CARE SUBSIDY FUND (HCSF), WAS \$32,911,443 AND \$37,058,562, RESPECTIVELY.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE HEALTH CARE REFORM ACT OF 1992 (CHAPTER 160) ESTABLISHED THE HCSF TO PROVIDE A MECHANISM AND FUNDING SOURCE TO COMPENSATE CERTAIN HOSPITALS FOR CHARITY CARE. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE CENTER RECEIVED \$768,233 AND \$624,909, RESPECTIVELY, FOR CHARITY CARE (INCLUDED IN NET PATIENT SERVICE REVENUE). THIS AMOUNT IS SUBJECT TO CHANGE FROM YEAR TO YEAR BASED ON AVAILABLE STATE AMOUNTS AND ALLOCATION METHODOLOGIES. A PROPORTIONATE AMOUNT IS IN PLACE THROUGH JUNE 30, 2023; HOWEVER, THERE CAN BE NO ASSURANCE OF A SIMILAR LEVEL IN THE FUTURE.

THE CENTER'S PATIENT ACCEPTANCE POLICY IS BASED ON ITS MISSION STATEMENT AND ITS CHARITABLE PURPOSES. ACCORDINGLY, THE CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THIS POLICY RESULTS IN THE ASSUMPTION OF HIGHER-THAN-NORMAL PATIENT ACCOUNTS RECEIVABLE CREDIT RISKS. TO THE EXTENT THE CENTER REALIZES ADDITIONAL LOSSES RESULTING FROM SUCH HIGHER CREDIT RISKS FOR PATIENTS THAT ARE NOT IDENTIFIED OR DO NOT MEET THE PREVIOUSLY DESCRIBED CHARITY CRITERIA, SUCH ADDITIONAL LOSSES ARE INCLUDED AS A DEDUCTION OF NET PATIENT SERVICE REVENUE.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADDITIONALLY, THE CENTER SPONSORS CERTAIN OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO NEEDY AND ELDERLY POPULATIONS THAT REQUIRE SPECIAL SUPPORT, AS WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE.

GROSS CHARGES FORGONE FOR FREE CARE IN EXCESS OF THIRD-PARTY REIMBURSEMENTS (E.G., CO-PAYS AND DEDUCTIBLES) WERE \$14,191,564 AND \$14,178,412 IN 2022 AND 2021, RESPECTIVELY.

SCHEDULE H, PART III, SECTION B; QUESTION 8

NOT APPLICABLE.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

NOT APPLICABLE.

SCHEDULE H, PART VI; QUESTION 2

AS A TERTIARY CARE HOSPITAL AND REGIONAL REFERRAL CENTER, THE CENTER ADDRESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH PROFESSIONAL EDUCATION PROVIDED THROUGH GRAND ROUNDS FOR PHYSICIANS AND OTHER PROVIDERS, ANNUAL REGIONAL CONFERENCES AIMED AT SPECIFIC PROVIDER GROUPS, OUTREACH OFFERING EDUCATION ON CARDIOVASCULAR, PULMONARY AND VASCULAR DISEASES TO THE MANY COMMUNITY BASED GROUPS LISTED IN OUR COMMUNITY BENEFITS STATEMENT, AND SCREENINGS OF PATIENTS AT RISK FOR CARDIOVASCULAR, PULMONARY AND VASCULAR DISEASES THAT ARE HELD BOTH ON AND OFF CAMPUS.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 3

THE CENTER SCREENS UNINSURED PATIENTS FOR ELIGIBILITY FOR NEW JERSEY'S CHARITY CARE PROGRAM, BUT TRUE TO ITS HISTORIC MISSION HAS NEVER BALANCE-BILLED ANY PATIENT FOR CARE PROVIDED WITHIN ITS MAIN HOSPITAL BUILDING.

SCHEDULE H, PART VI; QUESTION 4

THE CENTER, LOCATED IN BURLINGTON COUNTY, IS A SPECIALTY HOSPITAL THAT TREATS PATIENTS FROM ALL 21 NEW JERSEY COUNTIES, AS WELL AS FROM THE MAJORITY OF THE OTHER STATES AND PUERTO RICO. 3.7% OF IN STATE PATIENTS ARE UNINSURED, WHILE 2.8% OF OUT OF STATE PATIENTS LACK COVERAGE. 58% OF PATIENTS TREATED AT DEBORAH HEART AND LUNG CENTER ARE OVER AGE 65.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 5

UNDERSTANDING AND RESPONDING TO THE HEALTH NEEDS OF OUR COMMUNITIES, ESPECIALLY THE NEEDS OF THE MOST VULNERABLE AMONG US, IS CENTRAL TO DEBORAH'S MISSION. TO ADDRESS THE COMMUNITY'S HEALTH NEEDS, EDUCATE PROFESSIONALS WORKING IN THE COMMUNITY, AND BUILD MEANINGFUL RELATIONSHIPS WITH PARTNERS TO MAXIMIZE REGIONAL IMPACT OF TARGETED PROGRAMS, DEBORAH USES A MULTI-PRONGED APPROACH, INCLUDING COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES, HEALTH PROFESSIONS EDUCATION (FOR PHYSICIANS, FELLOWS, RESIDENTS, MEDICAL STUDENTS, NURSES AND OTHER HEALTH PROFESSIONALS), SUPPORT FOR EMERGENCY AND TRAUMA SERVICES, COMMUNITY SUPPORT, COALITION BUILDING, COMMUNITY BUILDING ACTIVITIES, AND COMMUNITY BENEFIT OPERATIONS (BOTH WITH ASSIGNED STAFF AND THROUGH DEBORAH'S COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGY TEAM).

DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, GENDER,

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SEXUAL ORIENTATION, COLOR, RELIGION, AGE, NATIONAL ORIGIN, HANDICAP OR ABILITY TO PAY. DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL NEW JERSEY PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS. DEBORAH IS THE ONLY HOSPITAL IN THE NATION TREATING BOTH ADULTS AND CHILDREN THAT NEVER BALANCE-BILLS A PATIENT FOR COSTS RELATED TO THE CARE HE OR SHE RECEIVES AT DEBORAH, WHICH HELPS ENSURE THAT PRICE IS NOT A BARRIER TO THOSE WHO COME TO DEBORAH RECEIVING THE HEALTHCARE THEY MAY NEED.

CONTROL OF DEBORAH RESTS WITH ITS BOARD OF TRUSTEES, COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES. THE USE AND CONTROL OF DEBORAH IS FOR THE BENEFIT OF THE PUBLIC. NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AS A TEACHING HOSPITAL, DEBORAH MAINTAINS A RIGOROUS, ROBUST FELLOWSHIP PROGRAM. THIS HIGHLY-SOUGHT AFTER POST-GRADUATE TRAINING PROVIDES THE LEADING-EDGE TOOLS NEEDED BY THE NEXT GENERATION OF CARDIOLOGISTS, ELECTRO-PHYSIOLOGISTS, HEART FAILURE AND VASCULAR SPECIALISTS. ADMISSION TO THESE FELLOWSHIPS IS EXCEPTIONALLY COMPETITIVE. DEBORAH'S NURSING PROGRAM PROVIDES ON-SITE ROTATIONAL TRAINING FOR NURSES ENTERING THE FIELD, MENTORSHIPS AND INTERNSHIPS FOR COLLEGE STUDENTS AND AN INTERACTIVE SIMULCAST VIDEO FORUM TO SHARE SURGICAL PROCEDURES WITH HIGH SCHOOL STUDENTS, AS WELL AS A RECENTLY INSTITUTED HIGH SCHOOL NURSING ASSISTANT EXTERNSHIP PROGRAM. DEBORAH ALSO HOSTS A YEAR-ROUND SCHEDULE OF GRAND ROUNDS PRESENTATIONS, CME SEMINARS, AND OUTSIDE MEDICAL PRESENTATIONS TO JOINT BASE MCGUIRE-DIX-LAKEHURST, REINFORCING DEBORAH'S COMMITMENT AS A TEACHING HOSPITAL.

OVER 30 GROUND-BREAKING CLINICAL RESEARCH TRIALS ARE UNDERWAY AT DEBORAH, PROVIDING THE ENTRY POINT FOR PATIENTS TO RECEIVE THE MOST INNOVATIVE TREATMENTS ONCE SUCCESSFUL TRIALS RECEIVE FDA APPROVAL. IN TANDEM WITH THIS, DEBORAH'S PHYSICIANS ARE WIDELY PUBLISHED IN LEADING MEDICAL

**Part VI Supplemental Information**

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JOURNALS, AS WELL AS HAVING EDITORIAL APPOINTMENTS ON A NUMBER OF

WIDELY-RECOGNIZED MEDICAL PUBLICATIONS.

AS A SPECIALTY HOSPITAL, DEBORAH IS NOT LICENSED TO OPERATE AN EMERGENCY ROOM. TO MEET THE COMMUNITY'S NEED FOR EMERGENCY CARE, DEBORAH LEASES SPACE TO AN ACUTE CARE HOSPITAL SYSTEM THAT OPERATES A SATELLITE EMERGENCY DEPARTMENT (SED) WITHIN DEBORAH'S MAIN HOSPITAL BUILDING. IN ADDITION, AS A REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH ROUTINELY RECEIVES TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS AS WELL AS ADMISSIONS FROM OUR OWN CLINIC AND DIRECT ADMISSIONS FROM REFERRING PHYSICIANS WITHOUT CONSIDERATION OF THE PATIENTS' ABILITY TO PAY.

DEBORAH'S COMMUNITY OUTREACH INCLUDES SEVERAL INTEGRATED ARMS WITHIN THE HOSPITAL:

- THE MEDICAL, NURSING AND COMMUNITY OUTREACH DEPARTMENT STAFFS
- THE MARKETING DEPARTMENT

**Part VI Supplemental Information**

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- THE COMMUNITY HEALTH IMPROVEMENT PLAN SUB-COMMITTEE MEMBERS
- THE ADMINISTRATIVE TEAM
- THE PROFESSIONAL EDUCATION AND TRAINING DEPARTMENTS.

DEBORAH'S COMMUNITY OUTREACH EFFORTS ARE DESIGNED TO MEET AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES:

- ACCESS TO CARE
- CHRONIC DISEASE EDUCATION AND MANAGEMENT; AND
- ISSUES OF AGING/WELLBEING.

DEBORAH PREPARES A CHIP UPDATE REPORT THAT PROVIDES GREATER DETAIL ON THE SPECIFIC ACTIVITIES DEBORAH IS INVOLVED IN TO PROMOTE COMMUNITY HEALTH IN OUR SERVICE AREA. CHIP UPDATE REPORTS CAN BE ACCESSED BY WAY OF DEBORAH'S WEBSITE.

[HTTPS://DEBORAHADMIN.COM/APP/UPLOADS/SITES/2/2023/07/CHIP-REPORT-FOR-WEB-2020-2022.PDF](https://deborahadmin.com/app/uploads/sites/2/2023/07/CHIP-REPORT-FOR-WEB-2020-2022.pdf)

**Part VI Supplemental Information**

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 6

DEBORAH HEART AND LUNG CENTER (THE "CENTER") IS COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. THE CENTER STRIVES TO EXCEED PATIENT EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION. PLEASE ALSO REFER TO SCHEDULE O.

THE CENTER SETS OVERALL POLICY REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED ABOVE FOR PART I, LINE 3C; PART I, LINE 6A; PART I, LINE 7; PART II; PART III, LINE 4 AND 8; AND PART III, LINE 9B ARE REFLECTIVE OF THAT POLICY.

OUTLINED BELOW IS A SUMMARY OF THE AFFILIATES OF THE CENTER.

THE CENTER IS AN 89-BED TAX-EXEMPT TEACHING AND TERTIARY CARE SPECIALTY HOSPITAL LOCATED IN BROWNS MILLS, BURLINGTON COUNTY, NEW JERSEY THAT PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT CARDIAC, PULMONARY AND

**Part VI Supplemental Information**

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

VASCULAR SERVICES. THE CENTER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, THE CENTER OPERATES WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

1. THE CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. ALTHOUGH THE CENTER DOES NOT OPERATE AN EMERGENCY DEPARTMENT, IT LEASES AN AREA IN THE CENTER'S MAIN HOSPITAL BUILDING TO AN UNRELATED INTERNAL REVENUE CODE §501(C)(3) STATE OF NEW JERSEY TAX-EXEMPT HOSPITAL THAT OPERATES AN EMERGENCY ROOM ON THE CENTER'S CAMPUS. IN ADDITION, AS A REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH ROUTINELY RECEIVES TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS AS WELL AS

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADMISSIONS FROM ITS OWN CLINIC AND DIRECT ADMISSIONS FROM REFERRING

PHYSICIANS WITHOUT CONSIDERATION OF THE PATIENTS' ABILITY TO PAY.

3. CONTROL OVER THE CENTER RESTS WITH ITS BOARD OF TRUSTEES, COMPRISED OF

INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.

4. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND

ACTIVITIES.

DEBORAH HOSPITAL FOUNDATION

DEBORAH HOSPITAL FOUNDATION (THE "FOUNDATION") IS AN AFFILIATE

ORGANIZATION RECOGNIZED BY THE IRS AS TAX-EXEMPT PURSUANT TO INTERNAL

REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IRS

CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION

SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE CENTER.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEBORAH CARDIOVASCULAR GROUP, P.C.

DEBORAH CARDIOVASCULAR GROUP, P.C. IS AN AFFILIATE ORGANIZATION  
RECOGNIZED BY THE IRS AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IRC 509(A)(3). THE  
ORGANIZATION PROMOTES, SUPPORTS AND FURTHERS THE CHARITABLE PURPOSES,  
PROGRAMS AND SERVICES OF DEBORAH HEART AND LUNG CENTER.

DEBORAH MEDICAL INVESTMENTS, LLC

A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE  
CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY,  
NEW JERSEY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE  
HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN  
SUPPORT OF THE CHARITABLE PURPOSES OF THE CENTER.

DEBORAH MEDICAL ASSOCIATES INSURANCE COMPANY, LLC

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES MEDICAL PROFESSIONAL LIABILITY INSURANCE AND COMMERCIAL GENERAL LIABILITY INSURANCE TO THE CENTER.

OTHER DEBORAH HEART AND LUNG CENTER AFFILIATES

ADVANCED MEDICAL MANAGEMENT SERVICES, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS THE CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES MANAGEMENT SERVICES.

THE SURGERY CENTER AT DEBORAH, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE MAJORITY OWNER IS THE CENTER. THE ORGANIZATION IS CURRENTLY INACTIVE. ONCE ACTIVE THE ORGANIZATION WILL ENGAGE IN HEALTHCARE SERVICES



**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE  
COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE CENTER.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED  
IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW  
JERSEY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

23-1550955

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KULPREET S. BARN, M.D. 1 PHYSICIAN	(i)	740,118.	522,335.	360.	3,050.	35,962.	1,301,825.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK MOSHIYAKHOV, M.D. 2 PHYSICIAN	(i)	809,093.	354,708.	540.	5,521.	16,717.	1,186,579.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH CHIRICHELLA 3 TRUSTEE - PRESIDENT/CEO	(i)	571,416.	135,000.	316,984.	6,000.	31,906.	1,061,306.	152,093.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAFFAELE CORBISIERO, M 4 PHYSICIAN	(i)	757,080.	108,445.	2,376.	5,434.	35,699.	909,034.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN J. SZAWLEWICZ, 5 PHYSICIAN	(i)	523,522.	290,728.	828.	6,100.	35,962.	857,140.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RENEE P. BULLOCK-PALME 6 PHYSICIAN	(i)	502,801.	269,858.	540.	5,929.	24,794.	803,922.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH R. MANNI 7 EVP OPERATIONS/COO	(i)	361,510.	105,000.	37,040.	6,950.	29,706.	540,206.	22,258.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN D. BONFIELD, ESQ 8 SEC. - EVP/GENERAL COUNSEL	(i)	345,752.	40,000.	48,707.	36,608.	37,141.	508,208.	30,731.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS R. PERCELLO 9 TREASURER-EVP FINANCE/CFO	(i)	349,601.	43,918.	4,572.	NONE	37,262.	435,353.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICHARD S. TEMPLE 10 VP/CIO	(i)	277,053.	23,901.	2,376.	7,603.	31,659.	342,592.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARION STAMOPOULOS 11 VP HR/CHRO	(i)	224,698.	20,376.	1,548.	6,361.	28,814.	281,797.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RITA ZENNA 12 VP PATIENT CARE SERVICES	(i)	234,411.	17,143.	2,376.	6,465.	14,887.	275,282.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I; QUESTION 4B

THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH CHIRICHELLA, \$279,912; JOSEPH R. MANNI, \$29,868 AND SUSAN D. BONFIELD, ESQ., \$30,731.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HER 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: SUSAN D. BONFIELD, ESQ. \$30,000.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUAL INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS  
DURING CALENDAR YEAR 2022 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II)  
HEREIN AND IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE  
WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS  
INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II; COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED  
BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER  
SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED  
AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING  
REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS  
TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS  
TAXABLE MEDICARE WAGES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

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**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

OUR COMMITMENT TO COMMUNITY HEALTH

COMPASSION IS, AND HAS ALWAYS BEEN, AT THE HEART OF DEBORAH'S MISSION.

DEBORAH HEART AND LUNG CENTER, SUPPORTED BY THE FUNDRAISING OF THE

DEBORAH HOSPITAL FOUNDATION, EMBRACES THE MOTTO: "THERE IS NO PRICE ON

LIFE." FOR CLOSE TO 100 YEARS, DEBORAH HEART AND LUNG CENTER HAS CARED

FOR NEW JERSEY RESIDENTS IN NEED DESPITE THEIR FINANCIAL STATUS. DEBORAH

BELIEVES THAT NO ONE SHOULD MAKE A MEDICAL DECISION BASED ON

HIS/HER/THEIR PERSONAL FINANCIAL SITUATION. DEBORAH IS THE ONLY HOSPITAL

IN THE NATION THAT TREATS BOTH ADULTS AND CHILDREN, AND HAS NEVER

BALANCE-BILLED A PATIENT FOR CARE PROVIDED IN THE HOSPITAL, SERVING AS A

TRUE SAFETY NET FOR CARDIAC, PULMONARY AND VASCULAR SERVICES IN NEW

JERSEY. DEBORAH IS ALSO ACTIVE IN THE LOCAL COMMUNITY AND SERVICE AREAS,

PROVIDING SPECIALTY-FOCUSED COMMUNITY-BASED HEALTH AND WELLNESS PROGRAMS.

OUR MISSION

TO PROVIDE THE HIGHEST QUALITY HEART, LUNG AND VASCULAR CARE IN A

COLLABORATIVE AND WELCOMING ENVIRONMENT, WHILE ENSURING ACCESS FOR ALL.

OUR VISION

TO REIMAGINE THE DELIVERY OF ADVANCED SPECIALTY CARE WITH A FOCUS ON

HEALTHY LIVING FOR ALL COMMUNITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

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OUR STORY

THE DEBORAH STORY IS AN EXTRAORDINARY ONE. DEBORAH WAS FIRST INCORPORATED IN 1923 AS THE DEBORAH JEWISH CONSUMPTIVE RELIEF SOCIETY TO BUILD A TUBERCULOSIS (TB) SANATORIUM. ACCORDING TO HISTORY, THE THERAPEUTIC AIR OF THE PINE BARRENS OF RURAL BURLINGTON COUNTY WAS KEY TO PATIENT RECOVERY. THOUSANDS OF TB PATIENTS WERE MEDICALLY TREATED AND COMPASSIONATELY CARED FOR BY A HEROIC TEAM OF DEBORAH PHYSICIANS AND CAREGIVERS.

WHEN THE DEVELOPMENT OF ANTIBIOTIC MEDICATIONS LED TO THE ERADICATION OF TB, DEBORAH SHIFTED ITS FOCUS TO OTHER CHEST DISEASES, EMBRACING THE EMERGING SPECIALTY OF CARDIAC DISEASE PREVENTION AND TREATMENT. THE FOCUS ON CARDIAC DISEASES, COMBINED WITH DEBORAH'S ESTABLISHED EXPERTISE IN LUNG DISEASES, TRANSFORMED DEBORAH INTO NEW JERSEY'S ONLY CARDIAC AND PULMONARY SPECIALTY HOSPITAL, WHERE NEW JERSEY'S FIRST OPEN-HEART SURGERIES WERE PERFORMED IN THE 1950S.

TODAY, DEBORAH OFFERS LEADING-EDGE SURGICAL TECHNIQUES AND NON-SURGICAL ALTERNATIVES TO DIAGNOSE AND TREAT CARDIAC, PULMONARY AND VASCULAR DISEASES IN ADULTS, AND CONGENITAL AND ACQUIRED HEART DEFECTS IN ADULTS AND CHILDREN.

DEBORAH IS RECOGNIZED AS A LEADER IN PATIENT CARE, PATIENT SATISFACTION,

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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DEBORAH HEART AND LUNG CENTER

23-1550955

QUALITY OUTCOMES AND INNOVATIVE HEALING. NEW ADVANCES IN CARDIAC,  
PULMONARY, AND VASCULAR CARE ARE OFTEN AVAILABLE FIRST AT DEBORAH.  
DEBORAH'S CLINICAL RESEARCH DEPARTMENT - COMBINED WITH OUR WELL-RESPECTED  
TEACHING PROGRAM - HELPS TO BRING NEW TREATMENTS, TECHNOLOGIES AND  
INNOVATIONS TO THE CENTER. THIS INFUSION OF INNOVATIVE IDEAS AND  
PROFESSIONAL TALENT SHAPES THE MEDICAL LANDSCAPE OF THE STATE,  
STRENGTHENING DEBORAH'S REPUTATION AS AN IMPORTANT MEDICAL PROVIDER.

IRS STATUS

DEBORAH IS RECOGNIZED BY THE IRS AS A 501(C)(3) TAX-EXEMPT ORGANIZATION.  
DEBORAH OPERATES WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE  
RULING 69-545:

1. DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL  
PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY,  
MEDICARE AND MEDICAID PATIENTS.

2. AS A SPECIALTY HOSPITAL, DEBORAH IS NOT ELIGIBLE TO OPERATE AN  
EMERGENCY ROOM. TO MEET THE COMMUNITY'S NEED FOR EMERGENCY CARE, DEBORAH  
LEASES SPACE IN DEBORAH'S MAIN HOSPITAL BUILDING TO A HOSPITAL SYSTEM  
LICENSED TO OPERATE A SATELLITE EMERGENCY DEPARTMENT. IN ADDITION, AS A  
REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH RECEIVES  
TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS, AS WELL AS  
ADMISSIONS FROM OUR OWN OUTPATIENT CLINICS AND DIRECT ADMISSIONS FROM



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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23-1550955

REFERRING PHYSICIANS.

3. DEBORAH'S BOARD OF TRUSTEES, COMPRISED OF INDEPENDENT CIVIC LEADERS  
AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, PROVIDE OVERSIGHT OF, AND  
GUIDANCE TO, DEBORAH'S EXECUTIVE TEAM.

4. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND  
AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES  
IN THE COMMUNITY.

THE USE AND CONTROL OF DEBORAH IS FOR THE BENEFIT OF THE PUBLIC. NO PART  
OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT  
OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER  
THAN INCIDENTALLY.

CHARITY CARE

DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIENTS WHO MEET  
CRITERIA UNDER DEBORAH'S CHARITY CARE POLICY, AS WELL AS THOSE WHO ARE  
UNINSURED, BUT DO NOT MEET CHARITY CARE REQUIREMENTS. DEBORAH MAINTAINS  
RECORDS TO IDENTIFY AND MONITOR THE CHARITY CARE AND COMMUNITY SERVICE IT  
PROVIDES. CONSISTENT WITH ITS MISSION AND VALUES, DEBORAH DOES NOT BILL  
PATIENTS WHO RECEIVE SERVICES IN THE HOSPITAL FOR AMOUNTS THAT REMAIN  
UNPAID (INCLUDING COPAYMENTS AND DEDUCTIBLES) AFTER DEBORAH BILLS  
FEDERAL, STATE AND COMMERCIAL INSURANCE PROGRAMS. DEBORAH ALSO SPONSORS

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PROGRAMS AND PROVIDES OTHER PATIENT SERVICES THAT DIRECTLY BENEFIT THE  
SURROUNDING COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO NEEDY  
POPULATIONS, COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED  
CHILDREN, VETERANS, ACTIVE-DUTY MILITARY AND DEPENDENTS, FIRST  
RESPONDERS, AND THE ELDERLY. DEBORAH ALSO ACTIVELY SPONSORS PROGRAMS ON  
HEALTH EDUCATION AND WELLNESS.

RECENT AWARDS/ACCREDITATIONS

AMONG THE 2021 RECOGNITIONS, AWARDS AND ACCREDITATIONS TO THE DEBORAH  
TEAM ARE:

- DNV HEALTHCARE, ACCREDITED HOSPITAL.
- CERTIFIED VENTRICULAR ASSIST DEVICE FACILITY, DNV HEALTHCARE.
- FOUR TOP 3-STAR RATINGS FROM THE SOCIETY OF THORACIC SURGEONS IN  
CORONARY ARTERY BYPASS GRAFT SURGERY (CABG), CORONARY ARTERY BYPASS GRAFT  
SURGERY WITH AORTIC VALVE REPLACEMENT, MITRAL VALVE REPLACEMENT AND  
REPAIR, AND MITRAL VALVE REPLACEMENT AND REPAIR WITH CABG.
- TOP TEACHING HOSPITAL AWARD BY THE LEAPFROG GROUP
- "GET WITH THE GUIDELINES - HEART-FAILURE GOLD PLUS HONOR ROLL"  
ACHIEVEMENT AWARD, AMERICAN HEART ASSOCIATION.
- U.S. NEWS AND WORLD REPORT NAMED DEBORAH A HIGH-PERFORMING HOSPITAL FOR  
ABDOMINAL AORTIC ANEURYSM REPAIR, HEART ATTACK, HEART BYPASS SURGERY AND  
HEART FAILURE.
- ACCREDITED, NUCLEAR MEDICINE, VASCULAR TESTING, AND ECHOCARDIOGRAPHY,

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INTERSOCIETAL ACCREDITATION COMMISSION.

- INSTITUTE OF SLEEP MEDICINE ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE.
- ACCREDITED, COLLEGE OF AMERICAN PATHOLOGISTS.
- 4-STAR RATING, CENTERS FOR MEDICARE AND MEDICAID SERVICES, HOSPITAL COMPARE.
- HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD.
- SIXTEEN PHYSICIANS AND ADMINISTRATORS WERE RECOGNIZED BY REGIONAL MAGAZINES OR LOCAL ORGANIZATIONS AS OUTSTANDING PROFESSIONALS.

A COMMITMENT TO COMMUNITY

DEBORAH IS COMMITTED TO REACHING OUT TO, AND INTO, OUR SURROUNDING COMMUNITIES TO MEET THE HEALTHCARE NEEDS OF THOSE COMMUNITIES. DEBORAH PRIDES ITSELF ON ITS PARTNERSHIP WITH INDIVIDUALS, CORPORATIONS, LABOR ORGANIZATIONS, SERVICE ORGANIZATIONS AND FOUNDATIONS TO PROVIDE COMMUNITY-BASED AND COMMUNITY-FOCUSED CARE. DEBORAH'S COMMUNITY PROGRAMS INCLUDE SERVICES FOR NEEDY POPULATIONS, COMMUNITY SERVICE AND EDUCATION PROGRAMS FOR THE ELDERLY, VETERANS AND THE MEDICALLY UNDERSERVED, AS WELL AS SERVICES AND PROGRAMS FOR CHILDREN AND ADOLESCENT CHILDREN.

COMMUNITY HEALTH SCREENINGS/OUTREACH

DEBORAH PROVIDES OPPORTUNITIES FOR THE COMMUNITY TO MONITOR THEIR HEALTH THROUGH SCREENINGS AVAILABLE AT DEBORAH AND THROUGHOUT THE COMMUNITIES

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SERVED. DEBORAH PARTNERS WITH NUMEROUS ORGANIZATIONS TO EFFECTIVELY REACH  
TARGETED AUDIENCES. DETAILED INFORMATION ON DEBORAH'S SCREENINGS AND  
OUTREACH PROGRAMS IS FOUND IN THE SCHEDULE H NARRATIVE. TARGETED  
AUDIENCES. DETAILED INFORMATION ON DEBORAH'S SCREENINGS AND OUTREACH  
PROGRAMS IS FOUND IN THE SCHEDULE H NARRATIVE.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COMMUNITY OUTREACH PARTNERS

DEBORAH'S COMMUNITY OUTREACH EFFORTS FOCUS ON BUILDING AND MAINTAINING  
KEY PARTNERSHIP WITH GROUPS THROUGHOUT THE REGION. DEBORAH COUNTS AMONG  
ITS MANY PARTNERS:

- AMERICAN HEART ASSOCIATION
- AMERICAN LUNG ASSOCIATION
- ASPEN HILLS HEALTHCARE CENTER
- BROWNS WOODS APARTMENTS
- BURLINGTON COUNTY COMMISSIONERS
- BURLINGTON COUNTY COMMUNITY ACTION PARTNERSHIP
- BURLINGTON COUNTY HEALTH DEPARTMENT
- BURLINGTON COUNTY LIBRARY SYSTEM
- BURLINGTON COUNTY PROSECUTOR'S OFFICE
- BURLINGTON COUNTY REGIONAL CHRONIC DISEASE COALITION
- BURLINGTON COUNTY SHERIFF'S OFFICE
- CAPITAL HEALTH SYSTEM, INC.
- CARBON HEALTH

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- CENTER FOR FAMILY SERVICES
- CHRISTIAN CARING CENTER
- CLEVELAND CLINIC HEART VASCULAR & THORACIC INSTITUTE
- COALITION OF 100 BLACK WOMEN
- COOPER UNIVERSITY HEALTH CARE
- DEBORAH CARDIOVASCULAR GROUP, P.C., D/B/A DEBORAH SPECIALTY PHYSICIANS
- DEFENSE ENHANCEMENT COALITION
- DNV GL HEALTHCARE
- GARDEN STATE BARIATRICS CENTER
- GARDEN STATE EQUALITY
- GEORGIE'S PHARMACY
- HOPE ONE OF BURLINGTON COUNTY
- HUMANA MILITARY
- IVY REHAB NETWORK
- JOINT BASE MCGUIRE-DIX-LAKEHURST
- KNIGHTS OF COLUMBUS
- LANDMARK HEALTHCARE FACILITIES, LLC
- THE LEAPFROG GROUP
- LOCAL 500 NJ STATE FIREMAN'S MUTUAL BENEVOLENT ASSOCIATION
- MARYVILLE ADDICTION TREATMENT CENTER
- NEW JERSEY CHIEF OF POLICE ASSOCIATION
- NEW JERSEY DEPARTMENT OF HEALTH
- NEW JERSEY DEPARTMENT OF HUMAN SERVICES
- NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
- NEW JERSEY EDUCATION ASSOCIATION

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- NEW JERSEY HOSPITAL ASSOCIATION
- NEW JERSEY HOSPITAL ASSOCIATION VETERAN NAVIGATORS
- NEW JERSEY STATE FIREMEN'S ASSOCIATION
- NEW JERSEY STATE FIREFIGHTERS MUTUAL BENEVOLENT ASSOCIATION
- NEW JERSEY STATE VFW
- NFL ALUMNI ASSOCIATION
- OCEAN COUNTY FOOT AND ANKLE SURGICAL ASSOCIATES
- OCEAN COUNTY HEALTH DEPARTMENT
- OCEAN HEALTH INITIATIVES (A FEDERALLY-QUALIFIED HEALTH CENTER)
- OCEAN-MONMOUTH HEALTH ALLIANCE
- PEMBERTON COMMUNITY LIBRARY
- PEMBERTON TOWNSHIP
- PINELANDS FAMILY SUCCESS CENTER
- ROWAN COLLEGE AT BURLINGTON COUNTY
- ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE
- SAMARITAN
- SERENA GROUP
- SIDNEY KIMMEL COLLEGE AT JEFFERSON UNIVERSITY HOSPITAL
- SOCIETY OF THORACIC SURGEONS
- SOUTHERN NEW JERSEY DEVELOPMENT COUNCIL
- SOUTHERN NJ PERINATAL COOPERATIVE
- ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN
- STOUT'S TRANSPORTATION
- THE EYE PROFESSIONALS
- THE SISTERHOOD

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- TEMPLE UNIVERSITY
- TOBACCO FREE NEW JERSEY
- VETERANS ADMINISTRATION
- VIRTUA CEED (CANCER EDUCATION AND EARLY DETECTION)

AFFILIATED PARTNERSHIPS FOR EXPANDED HEALTHCARE

DEBORAH FOCUSES ON REGIONAL COLLABORATION WITH OTHER HEALTHCARE SYSTEMS  
AND PROVIDERS TO REMOVE BARRIERS TO ACCESS FOR CARE AND TO OFFER EXPANDED  
SERVICES. OF PARTICULAR NOTE ARE:

1. HEROCARE CONNECT, A SPECIALLY-DESIGNED PROGRAM FOR ACTIVE-DUTY  
MILITARY, VETERANS, RETIREES AND THEIR DEPENDENTS. DEVELOPED AS A  
PARTNERSHIP WITH COOPER UNIVERSITY HEALTH CARE, THE PROGRAM PROVIDES  
RAPID POINT OF ACCESS TO MEDICAL SERVICES OFFERED BY BOTH DEBORAH AND  
COOPER. WORKING CLOSELY WITH JOINT BASE MCGUIRE-DIX-LAKEHURST'S STAFF AT  
THE 87TH MEDICAL GROUP, HEROCARE CONNECT PROVIDES A VITAL LINK IN  
SPECIALTY CARE FOR OUR MILITARY, AND FOR MEDICAL CLEARANCES FOR RAPID  
DEPLOYMENT.

2. PARTNERSHIP IN THE SUPPORT OF A MEDICAL OFFICE BUILDING OWNED AND  
OPERATED BY LANDMARK HEALTHCARE, LLC OF MILWAUKEE, WISCONSIN, DESIGNED TO  
BRING NEW MEDICAL PROVIDERS INTO THE COMMUNITY. THROUGH THIS PARTNERSHIP,  
PEMBERTON TOWNSHIP (DESIGNATED AS A FEDERALLY DESIGNATED MEDICALLY  
UNDERSERVED AREA MUA/MUP) HAS ACCESS TO URGENT CARE; OBSTETRIC AND

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GYNECOLOGICAL SERVICES; PHYSICAL THERAPY; A PRIMARY CARE PRACTICE,  
INCLUDING PEDIATRICS; A CARDIAC REHABILITATION PROGRAM; OCCUPATIONAL  
THERAPY; PAIN MANAGEMENT; EYE CARE; PHARMACY SERVICES; AND PODIATRY  
SERVICES.

3. CLEVELAND CLINIC HEART, VASCULAR & THORACIC INSTITUTE ALLIANCE MEMBER,  
WORKING WITH CCHVTI TO STRENGTHEN THE PROCESSES UNDERPINNING THE  
CARDIOVASCULAR MEDICINE AND SURGERY PERFORMED AT DEBORAH THROUGH SHARING  
OF BEST PRACTICES TO IMPROVE OUTCOMES, SAFETY, AND QUALITY FOR PATIENT  
CARE.

4. SERENA GROUP, PARTNERSHIP TO PROVIDE COMPREHENSIVE TREATMENT FOR ACUTE  
AND CHRONIC WOUNDS, FROM THE LATEST ADVANCES IN CHRONIC WOUND TREATMENT  
AND PREVENTION TO CLINICAL RESEARCH AND HYPERBARIC MEDICINE.

5. IVY REHAB, IN PARTNERSHIP WITH DEBORAH HEART AND LUNG CENTER, JOINTLY  
OPERATES A FULL SCOPE PHYSICAL THERAPY PRACTICE ON DEBORAH'S CAMPUS.  
LOCATED IN A SEPARATE MEDICAL OFFICE BUILDING, DEBORAH PHYSICAL THERAPY,  
PROVIDED BY IVY REHABILITATION OFFERS OUR COMMUNITY CONVENIENT ACCESS TO  
COMPREHENSIVE PHYSICAL THERAPY AND PHYSICAL ASSESSMENTS THAT MEMBERS OF  
OUR COMMUNITY PREVIOUSLY HAD TO TRAVEL OUTSIDE OF THE REGION OR FOREGO.

DEBORAH AFFILIATIONS

DEBORAH HAS RELATIONSHIPS WITH VARIOUS NEW JERSEY STATEWIDE



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ORGANIZATIONS. THESE RELATIONSHIPS ARE ENDORSED BY THE EXECUTIVE  
LEADERSHIP AND/OR GOVERNING BODY OF EACH ORGANIZATION.

- NEW JERSEY STATE FIREMAN'S ASSOCIATION
- VETERANS OF FOREIGN WARS
- KNIGHTS OF PYTHIAS
- KNIGHTS OF COLUMBUS
- NFL ALUMNI ASSOCIATION
- NEW JERSEY EDUCATION ASSOCIATION
- NEW JERSEY STATE POLICE BENEVOLENT ASSOCIATION
- NEW JERSEY STATE ASSOCIATION OF CHIEFS OF POLICE

EDUCATION

AS A TEACHING HOSPITAL, DEBORAH MAINTAINS ROBUST CARDIOLOGY,  
INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, HEART FAILURE, AND VASCULAR  
SURGERY FELLOWSHIP PROGRAMS. THIS HIGHLY SOUGHT-AFTER POST-GRADUATE  
TRAINING PROVIDES VALUABLE EXPERIENCE TO CARDIOLOGISTS AND VASCULAR  
SPECIALISTS.

DEBORAH'S NURSING PROGRAM PROVIDES ON-SITE ROTATIONAL TRAINING FOR NURSES  
ENTERING THE FIELD, MENTORSHIPS AND INTERNSHIPS FOR COLLEGE STUDENTS, AND  
A NEW HIGH SCHOOL EXTERNSHIP NURSING ASSISTANT PROGRAM.

DEBORAH ALSO HOSTS A YEAR-ROUND SCHEDULE OF GRAND ROUNDS PRESENTATIONS,

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CME SEMINARS, SPONSORING AND PRESENTING AT MAJOR NATIONAL PROFESSIONAL  
SYMPOSIA, AND OUTSIDE MEDICAL PRESENTATIONS TO JOINT BASE  
MCGUIRE-DIX-LAKEHURST, CONSISTENT WITH DEBORAH'S COMMITMENT AS A TEACHING  
HOSPITAL.

CLINICAL RESEARCH

OVER 30 CLINICAL RESEARCH TRIALS ARE UNDERWAY AT DEBORAH, PROVIDING AN  
OPPORTUNITY FOR PATIENTS TO RECEIVE INNOVATIVE TREATMENTS AT DEBORAH ONCE  
SUCCESSFUL TRIALS RECEIVE FDA APPROVAL. DEBORAH'S RESEARCH PHYSICIANS ARE  
WIDELY PUBLISHED IN LEADING MEDICAL JOURNALS, WITH EDITORIAL APPOINTMENTS  
ON MANY MEDICAL PUBLICATIONS.

DEBORAH'S PROGRAMS AND SERVICES

DEBORAH SEEKS TO ENHANCE THE HEALTHCARE SERVICES AND EXPERIENCES OF ITS  
PATIENTS AND THEIR FAMILIES. DEBORAH HAS A STRONG SET OF ORGANIZATIONAL  
VALUES CREATING A DRIVING FORCE BEHIND THE CENTER'S EXCELLENCE.

THE DEBORAH TEAM LOOKS FOR CONTINUOUS IMPROVEMENT BASED ON PATIENT, STAFF  
AND COMMUNITY FEEDBACK, AND CLINICAL DATA. ACHIEVING, AND THEN  
MAINTAINING, A LEVEL OF EXCELLENCE IN HEALTHCARE SERVICES IS DEBORAH'S  
COMMITMENT. DEBORAH DOES THIS THROUGH THE FOLLOWING SERVICES, AMONG  
OTHERS:

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1. ADULT CARDIOLOGY SERVICES

ADULT CONGENITAL HEART DISEASE - DEBORAH'S UNIQUE ADULT CONGENITAL HEART DISEASE PROGRAM COMBINES THE EXPERTISE OF PHYSICIANS TRAINED IN ADULT AND PEDIATRIC CARDIOVASCULAR MEDICINE, WITH TAILORED MANAGEMENT OF THE DISEASE.

CARDIAC CATHETERIZATIONS - CATHETERIZATIONS ARE THE MOST WIDELY PERFORMED PROCEDURE AT DEBORAH. THE CENTER HAS FOUR FULL SERVICE CARDIAC CATHETERIZATION AND ENDOVASCULAR CATHETERIZATION LABS THAT ARE FULLY EQUIPPED WITH THE LATEST TECHNOLOGY TO ALLOW CARE TEAMS TO VISUALIZE AND ACCESS VESSELS WITH UNPRECEDENTED FLEXIBILITY AND PRECISION.

CLINICAL CARDIOLOGY - DEBORAH'S CLINICAL CARDIOLOGY SERVICE PROVIDES CONSULTATIONS FOR PATIENTS WITH ACUTE AND CHRONIC HEART DISEASES. THE SCOPE OF CARE INCLUDES CONGENITAL AND ACQUIRED HEART DISEASES, CORONARY ARTERY DISEASE, RHEUMATIC HEART DISEASE, AND OTHER FORMS OF VALVULAR AND MYOCARDIAL DISEASE, CARDIOMYOPATHY AND HYPERTENSIVE HEART DISEASE, DISORDERS OF THE CORONARY AND NON-CORONARY CIRCULATION SYSTEMS, MYOCARDIAL FUNCTION, CARDIAC CONDUCTION SYSTEM AND CARDIAC VALVES.

2. ADVANCED HEART FAILURE

DEBORAH PROVIDES COMPREHENSIVE CARE TO PATIENTS WITH ALL FORMS OF HEART FAILURE, EXCLUDING HEART TRANSPLANT. DEBORAH'S COMPREHENSIVE TEAM

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APPROACH ALLOWS FOR THE TREATMENT OF PATIENTS WITH EVEN THE MOST ADVANCED FORMS OF HEART FAILURE. SINCE SO FEW PATIENTS WITH HEART FAILURE CAN BE OFFERED HEART TRANSPLANTATION, THE SPECIALISTS AT DEBORAH STRIVE TO MAXIMIZE HEART PERFORMANCE AND MINIMIZE RISK, USING MEDICATIONS AND SPECIALIZED IMPLANTED DEVICES.

CARDIOMEMS - AN INTEGRATED TEAM CONSISTING OF INTERVENTIONAL, ELECTROPHYSIOLOGY AND HEART FAILURE PHYSICIANS IS ABLE TO OFFER THE CARDIOMEMS IMPLANT. THIS DEVICE ALLOWS PATIENTS WITH ADVANCED HEART FAILURE TO RETURN HOME WITH MONITORING PROVIDED ONCE A DAY THROUGH A BRIEF COMPUTERIZED TEST WITH THE RESULTS SENT TO DEBORAH SO THE TEAM CAN MONITOR, IN REAL-TIME, THE PATIENT'S STATUS AND IMMEDIATELY ADDRESS THE PATIENT'S NEEDS, AVOIDING AN EMERGENCY RE-HOSPITALIZATION.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

LEFT VENTRICULAR ASSIST DEVICE (LVAD) SHARED SERVICES - DEBORAH HAS PARTNERED WITH A TRANSPLANT HOSPITAL TO SUPPORT ITS LVAD PROGRAM, DESIGNED TO ALLOW PATIENTS TO RECEIVE LEFT VENTRICULAR ASSIST DEVICES AS EITHER A BRIDGE TO TRANSPLANT OR AS DESTINATION THERAPY FOR QUALIFYING PATIENTS.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), ALSO KNOWN AS EXTRACORPOREAL LIFE SUPPORT, -- IS AN EXTRACORPOREAL TECHNIQUE OF PROVIDING PROLONGED CARDIAC AND RESPIRATORY SUPPORT TO PERSONS WHOSE HEART AND LUNGS ARE UNABLE TO PROVIDE ADEQUATE GAS EXCHANGE OR PERFUSION TO SUSTAIN LIFE FOR LONG-TERM SUPPORT.

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IMPELLA DEVICE IS THE WORLD'S SMALLEST HEART PUMP WHICH PROVIDES THE HEART WITH ACTIVE SUPPORT IN CRITICAL SITUATIONS. THE MOST COMMON INDICATIONS FOR USING THE IMPELLA DEVICE ARE THE TREATMENT OF MYOCARDIAL INFARCTION COMPLICATED BY CARDIOGENIC SHOCK AND TO FACILITATE HIGH RISK CORONARY ANGIOPLASTY. OTHER INDICATIONS INCLUDE THE TREATMENT OF CARDIOMYOPATHY WITH ACUTE DECOMPENSATION, POSTCARDIOTOMY SHOCK, AND OFF-PUMP CORONARY BYPASS SURGERY.

**3. AMBULATORY CARE SERVICES AREA**

AMBULATORY CARE PATIENTS SEEN AT DEBORAH RECEIVE QUALITY CARE IN THE CENTER'S RENOVATED AMBULATORY CARE SERVICE AREA. THE AMBULATORY CARE EXAM AREA CONTAINS SPACIOUS, MODERN EXAM ROOMS, ALL WITH CARDIAC MONITORS AND A TRIAGE ROOM FOR URGENT SITUATIONS.

**4. THE BARIATRIC PROGRAM**

THE BARIATRIC PROGRAM AT DEBORAH OFFERS AN OPTION FOR THOSE STRUGGLING WITH WEIGHT-ASSOCIATED HEALTH PROBLEMS. IN PARTNERSHIP WITH BARIATRIC SURGEONS FROM GARDEN STATE BARIATRIC CENTER, DEBORAH OFFERS AN ON-SITE COMPREHENSIVE WEIGHT-MANAGEMENT PROGRAM INCLUDING GASTRIC BYPASS, GASTRIC SLEEVE AND/OR GASTRIC BANDING SURGICAL PROCEDURES, DUODENAL SWITCH, AND REVISION SURGERY, AS PART OF AN OVERALL PROGRAM FOCUSING ON NUTRITION, HEALTHY LIVING AND EXERCISE.

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5. CARDIOTHORACIC SURGERY

ADULT CONGENITAL HEART SURGERY - THE CARDIAC SURGERY SERVICE AT DEBORAH HAS PERFORMED HUNDREDS OF SURGERIES ON ADULT PATIENTS WITH CONGENITAL HEART ANOMALIES.

AORTIC SURGERY - ALL ASPECTS OF AORTIC SURGERY ARE PERFORMED AT DEBORAH, INCLUDING REPAIR OF ANEURYSMS OF THE ASCENDING, DESCENDING AND ABDOMINAL AORTA, CORRECTION OF AORTIC DISSECTION, REPLACEMENT OF THE AORTIC ROOT AND REPLACEMENT OF THE AORTIC ARCH.

BEATING HEART BYPASS SURGERY - BEATING HEART BYPASS SURGERY IS PERFORMED WHILE THE HEART IS STILL BEATING. WITH "OFF-PUMP" TECHNOLOGY, HEART AND LUNGS CONTINUE TO FUNCTION DURING THE SURGERY, REDUCING THE RISK OF STROKE, LUNG AND KIDNEY DYSFUNCTION AND MEMORY LOSS.

CORONARY ARTERY SURGERY - CORONARY ARTERY SURGERY IS PERFORMED AT DEBORAH USING THE LATEST TECHNIQUES TO PERFORM EITHER AN ARTERIAL BYPASS OR MIXED ARTERIAL AND REVERSED SAPHENOUS VEIN GRAFTING AS INDICATED. DEBORAH'S CARDIAC SURGERY TEAM USES ADVANCED TECHNIQUES OF MYOCARDIAL PROTECTION, SURGICAL TECHNIQUE, EXTRACORPOREAL PERFUSION, ANESTHETIC MANAGEMENT, BLOOD CONSERVATION AND PERIOPERATIVE CARE.

DIRECT CORONARY ARTERY BYPASS - CARDIAC SURGEONS PERFORM MINIMALLY

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INVASIVE DIRECT CORONARY ARTERY BYPASS (MIDCAB) SURGERY. THIS PROCEDURE  
ALLOWS CORONARY REVASCULARIZATION IN SELECT CASES WITH A LIMITED  
STERNOTOMY INCISION AND WITHOUT THE USE OF THE HEART-LUNG MACHINE.

ENDOSCOPIC RADIAL ARTERY/SAPHENOUS VEIN HARVESTING - DEBORAH SURGEONS  
OFFER ENDOSCOPIC RADIAL ARTERY AND SAPHENOUS VEIN HARVESTING, A MINIMALLY  
INVASIVE TECHNIQUE FOR REMOVAL TO BE USED AS A CONDUIT IN CORONARY ARTERY  
BYPASS SURGERY.

6. VALVE REPAIR OR REPLACEMENT

MINIMALLY INVASIVE VALVE SURGERY - SURGEONS AT DEBORAH CAN REPAIR OR  
REPLACE BOTH THE MITRAL AND AORTIC VALVES BY APPLYING A MINIMALLY  
INVASIVE TECHNIQUE. INSTEAD OF A STERNOTOMY, A SMALLER INCISION IS USED  
TO EXPOSE AND ACCESS THE HEART.

MITRA CLIP - THE MITRA CLIP IS A MINIMALLY INVASIVE, CATHETER-BASED  
THERAPY PERFORMED BY A MULTIDISCIPLINARY HEART TEAM USING VENOUS ACCESS  
AND REAL-TIME IMAGING (ECHOCARDIOGRAPHY AND FLUOROSCOPY), THEREBY  
AVOIDING CARDIOPULMONARY BYPASS.

DEBORAH OFFERS THE LATEST AND SAFEST REFINED SURGICAL TECHNIQUES FOR  
CARDIAC VALVE RECONSTRUCTION. MANY VALVE CONDITIONS RESULT IN VALVULAR  
DYSFUNCTION, MANIFESTED BY STENOSIS, INCOMPETENCE OR BOTH.

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TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) - COMBINING THE SKILLS OF  
SURGEONS AND CARDIAC INTERVENTIONAL PHYSICIANS IN DEBORAH'S  
STATE-OF-THE-ART HYBRID OPERATING ROOM, TEAMS CAN REPLACE AORTIC VALVES  
PERCUTANEOUSLY FOR THE HIGHEST-RISK PATIENTS WHO ARE NOT CANDIDATES FOR  
OPEN HEART SURGERY

VALVE REPLACEMENT - DEBORAH HAS USED CARDIAC VALVE SUBSTITUTES SINCE  
1963, AND UTILIZES VARIOUS STATE-OF-THE-ART CARDIAC VALVE PROSTHESES,  
DESIGNED TO SUIT EVERY INDIVIDUAL'S NEED, DISEASE PROCESS OR PATIENT'S  
AGE.

7. VASCULAR SURGERY

SURGICAL PROCEDURES AT DEBORAH INCLUDE: CAROTID ENDARTERECTOMY, ABDOMINAL  
AORTIC ANEURYSM RESECTION AND LOWER EXTREMITY REVASCULARIZATION.

8. ENDOVASCULAR SURGERY

ENDOVASCULAR SURGERY IS AN INNOVATIVE, LESS INVASIVE PROCEDURE USED TO  
TREAT PROBLEMS AFFECTING THE BLOOD VESSELS, SUCH AS AN ANEURYSM, WHICH IS  
A SWELLING OR "BALLOONING" OF THE BLOOD VESSEL. THE SURGERY INVOLVES  
MAKING A SMALL INCISION NEAR EACH HIP TO ACCESS THE BLOOD VESSELS.

AORTIC STENTING - ENDOVASCULAR STENT GRAFTING, OR ENDOVASCULAR ANEURYSM  
REPAIR (EVAR), IS A NEWER FORM OF TREATMENT FOR ABDOMINAL AORTIC ANEURYSM



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THAT IS LESS INVASIVE THAN OPEN SURGERY. ENDOVASCULAR STENT GRAFTING USES  
AN ENDOVASCULAR STENT GRAFT TO REINFORCE THE WALL OF THE AORTA AND TO  
HELP KEEP THE DAMAGED AREA FROM RUPTURING.

9. THE CHILDREN'S HEART CENTER AT DEBORAH/CHILDREN OF THE WORLD PROGRAM

OUTPATIENT PEDIATRIC CARDIOLOGY - DEBORAH'S BOARD-CERTIFIED PEDIATRIC  
CARDIOLOGIST AND ADVANCED NURSE PRACTITIONER (ANP) PROVIDE DIAGNOSTIC  
OUTPATIENT EVALUATIONS FOR CHILDREN SUSPECTED TO HAVE CONGENITAL OR  
ACQUIRED HEART DISEASE.

PEDIATRIC ARRHYTHMIA PROGRAM - DIAGNOSIS AND ONGOING MANAGEMENT OF  
ARRHYTHMIAS, PALPITATIONS AND SYNCOPE ARE PROVIDED IN THE AMBULATORY CARE  
SETTINGS. NONINVASIVE DIAGNOSTIC STUDIES ARE USED TO IDENTIFY SIGNIFICANT  
PROBLEMS.

PEDIATRIC ECHOCARDIOGRAPHY - PROVIDES IMPORTANT DIAGNOSTIC INFORMATION,  
AND IS REGULARLY USED AS CLINICALLY INDICATED AS AN INTEGRAL PART OF THE  
CARDIAC EVALUATION.

PERINATAL CARDIOLOGY - COMPREHENSIVE ASSESSMENT OF THE FETUS AND NEONATE  
WITH SUSPECTED CARDIAC DISEASE IS PROVIDED. FETAL ECHOCARDIOGRAPHY  
PROVIDES INFORMATION REGARDING STRUCTURAL HEART DISEASE, AND ALLOWS  
MONITORING OF CARDIAC PERFORMANCE.

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10. ELECTROPHYSIOLOGY AND ARRHYTHMIAS SERVICES

CARDIOVERSION - A PROCEDURE IN WHICH A SHOCK IS DELIVERED TO THE  
PATIENT'S HEART THROUGH PADDLES OR PATCHES ON THEIR CHEST. THE CURRENT  
AFFECTS THE ELECTRICAL IMPULSES IN THE HEART AND CAN RESTORE A NORMAL  
RHYTHM.

CRT-D AND ICD DEVICE - CARDIAC RESYNCHRONIZATION THERAPY DEFIBRILLATOR  
(CRT-D) AND IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) IS USED TO TREAT  
HEART FAILURE AND SUDDEN CARDIAC DEATH. THE SYSTEM IS DESIGNED TO  
SIMPLIFY AND REDUCE THE TIME NEEDED FOR THE IMPLANT PROCEDURE BY  
COMBINING THREE SEPARATE LEAD TERMINALS INTO ONE INTEGRATED CONNECTOR AND  
REDUCING THE NUMBER OF CONNECTIONS AND SET SCREWS NEEDED IN THE DEVICE  
HEADER.

LOOP RECORDERS - AN IMPLANTABLE LOOP RECORDER, OR ILR, IS A HEART  
RECORDING DEVICE THAT IS IMPLANTED IN THE BODY UNDERNEATH THE CHEST SKIN.  
IT HAS SEVERAL USES. THE MOST COMMON ONES INCLUDE LOOKING FOR CAUSES OF  
FAINTING, PALPITATIONS, VERY FAST OR SLOW HEARTBEATS, AND HIDDEN RHYTHMS  
THAT CAN CAUSE STROKES.

PACEMAKER/ICD - DEBORAH'S ELECTROPHYSIOLOGISTS IMPLANT PROGRAMMABLE  
PACEMAKERS AND DEFIBRILLATORS TO TREAT A VARIETY OF RHYTHM DISTURBANCES.  
THE MAJOR DIAGNOSES ARE BRADY- AND TACHY- ARRHYTHMIAS. PACEMAKERS ARE  
IMPLANTED IN A PATIENT WITH A SLOW HEART RATE, WHILE AN IMPLANTABLE

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CARDIOVERTER DEFIBRILLATOR IS A TREATMENT OPTION FOR PATIENTS WHO SUFFER WITH VENTRICULAR TACHYCARDIA AND VENTRICULAR FIBRILLATION. DEBORAH ALSO IMPLANTS BLUETOOTH-ENABLED DEVICES FOR REMOTE AT HOME DEVICE MONITORING.

RADIOFREQUENCY ABLATION - DEBORAH PERFORMS RADIOFREQUENCY ABLATION, A PROCEDURE USED TO TREAT ADULTS AND CHILDREN WITH COMPLEX CARDIAC ARRHYTHMIAS. INCLUDED IN THESE SERVICES ARE ATRIAL AND SUPRAVENTRICULAR TACHYCARDIA, WOLFF-PARKINSON-WHITE SYNDROME, ATRIAL FIBRILLATION AND FLUTTER.

STEREOTAXIS GENTLE TOUCH MAGNETIC SYSTEM - DEBORAH'S ELECTROPHYSIOLOGY SUITE INCLUDES ONE OF THE REGION'S FIRST STEREOTAXIS GENTLE TOUCH MAGNETIC SYSTEMS, AS WELL AS NEW ENHANCED IMAGING EQUIPMENT AND A SPECIFICALLY-DESIGNED MAPPING SYSTEM. THE STEREOTAXIS GENTLE TOUCH MAGNETIC SYSTEM ALLOWS DOCTORS THE ABILITY TO VIEW THE INSIDE OF THE HEART, BOTH ANATOMICALLY AND ELECTRICALLY.

TILT TABLES - TILT TABLES ARE USED TO HELP IDENTIFY THE CAUSE OF FAINTING SPELLS.

WATCHMAN - DEBORAH IS IMPLANTING THE WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE, A PROVEN ALTERNATIVE TO LONG-TERM WARFARIN THERAPY FOR STROKE RISK REDUCTION IN PATIENTS WITH NON-VALVULAR AFIB.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**11. IMAGING SERVICES**

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DEBORAH PROVIDES A FULL COMPLEMENT OF IMAGING SERVICES. THE DEBORAH  
SERVICES INCLUDE:

NUCLEAR MEDICINE - NUCLEAR MEDICINE IS A SPECIALIZED AREA OF RADIOLOGY  
THAT USES VERY SMALL AMOUNTS OF RADIOACTIVE MATERIALS, OR  
RADIOPHARMACEUTICALS, TO EXAMINE ORGAN FUNCTION AND STRUCTURE.

NUCLEAR STUDIES - A CARDIAC (HEART) NUCLEAR STUDY IS A TEST THAT USES A  
SMALL DOSE OF RADIOACTIVE SOLUTION TO TRACK BLOOD FLOW TO THE HEART  
MUSCLE, AND TO EVALUATE HEART FUNCTION.

NUCLEAR STRESS - A NUCLEAR EXERCISE STRESS TEST IS LIKE AN EXERCISE  
STRESS TEST, IN THAT IT ALSO INVOLVES WALKING ON A TREADMILL. FOR THIS  
TEST, HOWEVER, A RADIOACTIVE ISOTOPE IS INJECTED INTO THE BLOODSTREAM. A  
GAMMA CAMERA CAN DETECT RADIATION AND CREATE COMPUTER IMAGES OF THE HEART  
AT REST AND AFTER EXERCISE.

CT SCANNER - A CARDIAC COMPUTED TOMOGRAPHY (CT) SCAN USES SPECIAL X-RAYS  
TO CREATE DETAILED IMAGES OF THE HEART AND BLOOD VESSELS. DEBORAH HAS A  
STATE OF THE ART 256-SLICE CT SCANNER THAT PROVIDES SUPERIOR QUALITY  
IMAGES AND LEADS TO BETTER, MORE PRECISE DIAGNOSES.

ECHO - AN ECHOCARDIOGRAM (OR ECHO) IS A TEST OF THE HEART USING  
ULTRASOUND WAVES AND IS USED FOR DIAGNOSING DISEASE OF THE HEART OR ITS

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VALVES.

TRANS ESOPHAGEAL ECHOCARDIOGRAPHY (TEE) - IS A SPECIAL TYPE OF ECHO THAT  
PRODUCES MOVING PICTURES OF YOUR HEART BY PLACING A TRANSDUCTOR IN THE  
ESOPHAGUS. THE ESOPHAGUS IS SO CLOSE TO THE HEART, IMAGES FROM A TEE  
PROVIDES VERY CLEAR IMAGES OF THE HEART AND ITS STRUCTURES.

ULTRASOUND - A VASCULAR ULTRASOUND IS USED TO STUDY THE CIRCULATION IN  
THE BLOOD VESSELS OF THE BODY. THIS CAN BE USED TO LOOK AT VEINS AND  
ARTERIES IN THE NECK, ABDOMEN, ARMS AND LEGS.

MOBILE PET/CT - A MOBILE PET/CT SCANNER ROTATES ONSITE AT DEBORAH FOR  
PATIENTS WHO NEED THIS DIAGNOSTIC TEST, COMMONLY USED TO IDENTIFY  
CARCINOMA.

12. INSTITUTE FOR SLEEP MEDICINE

DEBORAH OFFERS PATIENTS ACCURATE DIAGNOSIS AND EFFECTIVE TREATMENT FOR  
DISORDERS SUCH AS SLEEP APNEA, AS WELL AS LESS COMMON DISORDERS SUCH AS  
NARCOLEPSY, INSOMNIA, SLEEP MOVEMENT DISORDERS AND SLEEP DEPRIVATION  
SYNDROMES. SLEEP STUDIES ARE CONDUCTED ON-SITE. HOME SLEEP STUDIES ARE  
ALSO OFFERED, EXPANDING ACCESS TO THIS IMPORTANT DIAGNOSTIC TESTING.

13. INTERVENTIONAL CARDIOLOGY

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DEBORAH'S INTERVENTIONAL CARDIOLOGY DEPARTMENT INCLUDES A TEAM OF  
SPECIALTY-TRAINED INTERVENTIONISTS USING HIGHLY ADVANCED TECHNOLOGIES AND  
DEVICES TO OPEN BLOCKAGES, OFFERING MINIMALLY INVASIVE TECHNIQUES AND AN  
ARRAY OF INTERVENTIONAL TREATMENT OPTIONS GIVE THEIR PATIENTS OPTIMAL  
OUTCOMES.

RADIAL ARTERY ACCESS - CARDIAC CATHETERIZATION THROUGH THE RADIAL ARTERY  
IN THE WRIST IS LESS INVASIVE, MORE COMFORTABLE, AND SAFER AND HAS FEWER  
COMPLICATIONS AND A FASTER RECOVERY THAN THE TRADITIONAL FEMORAL METHOD.  
PERFORMING CARDIAC CATHETERIZATION THROUGH THE WRIST USING A LONG, THIN  
TUBE (CALLED A CATHETER) THROUGH AN ARTERY IN THE WRIST TO GET TO THE  
HEART IS THE MOST COMMON METHOD USED AT DEBORAH. SERVICE INCLUDE:

- 3D VASCULAR STENTS
- ADULT CONGENITAL PROCEDURES
- ALTERNATIVE ACCESS (INCLUDING POPLITEAL PEDAL ACCESS FOR COMPLEX  
ANATOMY)
- ANGIOPLASTY WITH DRUG ELUTING STENTS
- CARDIAC CATHETERIZATION
- CARDIOMEMS IMPLANT FOR HEART FAILURE MONITORING
- CAROTID PROCEDURES AND INTERVENTIONS
- CHRONIC TOTAL OCCLUSIONS (CTO): DIAGNOSTICS AND INTERVENTIONS
- DEEP VEIN THROMBOSIS
- INTRAVASCULAR ULTRASOUND AND FRACTIONAL FLOW RESERVE (FFR)
- LEFT ATRIAL APPENDAGE CLOSURE (LACC) DEVICE: WATCHMAN FLXT

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- LIMB SALVAGE PROCEDURES FOR CRITICAL LIMB ISCHEMIA
- MITRAL VALVE REPAIR (MITRACLIP)
- PARAVALVULAR LEAK CLOSURE
- PERCUTANEOUS ENDOVASCULAR ABDOMINAL AORTIC ANEURYSM REPAIR (PEVAR)
- PULMONARY EMBOLI
- TRANSCATHETER MITRAL VALVE REPAIR (TMVR)
- TRANSRADIAL CATHETERIZATION AND INTERVENTIONS
- VALVULOPLASTY
- VARICOSE VEINS ABLATIONS
- VENOUS DISEASE

STRUCTURAL HEART DISEASE PROCEDURES

- ATRIAL SEPTAL DEFECT (ASD) CLOSURE
- PATENT DUCTUS ARTERIOSUS (PDA) CLOSURE
- PATENT FORAMEN OVALE (PFO) CLOSURE
- TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)
- VENTRICULAR SEPTAL DEFECT (VSD) CLOSURE

14. THE WOUND CARE CENTER

THE JAMES KLINGHOFFER CENTER FOR WOUND HEALING AND HYPERBARIC TREATMENT  
PROVIDES ADVANCED WOUND CARE TECHNOLOGY AND HYPERBARIC OXYGEN THERAPY TO  
ENHANCE WOUND HEALING THROUGH A MULTIDISCIPLINARY TEAM APPROACH. SERVICES  
INCLUDE :

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- ARTERIAL AND VENOUS PUMPS
- BIOENGINEERED SKIN SUBSTITUTES
- COMPRESSION WRAPS
- GROWTH FACTORS
- HYPERBARIC OXYGEN THERAPY (HBO)
- NEGATIVE PRESSURE WOUND THERAPY
- ULTRASONIC DEBRIDEMENT
- WOUND MATRIX AND COLLAGEN DRESSINGS

15. MULTI-DISCIPLINARY ONCOLOGY CLINIC

DEBORAH'S MULTI-DISCIPLINARY ONCOLOGY CLINIC PROGRAM, OFFERED THROUGH A COLLABORATIVE RELATIONSHIP WITH AN INDEPENDENT ONCOLOGY PRACTICE, OFFERS COLLABORATIVE PERSONALIZED OUTPATIENT APPOINTMENTS FOR CASE MANAGEMENT OF PATIENTS WITH TUMORS.

16. PULMONARY MEDICINE AND REHABILITATION SERVICES

THE DEPARTMENT OF PULMONARY MEDICINE PROVIDES HIGH QUALITY CARE FOR PATIENTS WITH ALL TYPES OF LUNG DISEASE. OUR GOAL IS TO PROVIDE PERSONAL CARE TO EVERY PATIENT IN A FRIENDLY, TIMELY AND ACCESSIBLE MANNER.

PULMONARY REHABILITATION - PULMONARY REHABILITATION IS A PROGRAM OF EDUCATION AND EXERCISE THAT HELPS PATIENTS MANAGE HIS/HER/THEIR BREATHING



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PROBLEMS, INCREASING STAMINA (ENERGY) AND DECREASING BREATHLESSNESS. THE  
EDUCATIONAL PART OF THE PROGRAM TEACHES PATIENTS TO BE "IN CHARGE" OF  
HIS/HER/THEIR BREATHING INSTEAD OF HIS/HER/THEIR BREATHING OVERSEEING  
THEM.

PULMONARY FUNCTION TESTING (PFTS) -- NONINVASIVE TESTS THAT SHOW HOW WELL  
THE LUNGS ARE WORKING. THE TESTS MEASURE LUNG VOLUME, CAPACITY, RATES OF  
FLOW, AND GAS EXCHANGE. THIS INFORMATION CAN HELP A HEALTHCARE PROVIDER  
DIAGNOSE AND DECIDE THE TREATMENT OF CERTAIN LUNG DISORDERS.

PHYSICAL THERAPY (PT) -- A BRANCH OF REHABILITATIVE HEALTH THAT USES  
SPECIALLY DESIGNED EXERCISES AND EQUIPMENT TO HELP PATIENTS REGAIN OR  
IMPROVE THEIR PHYSICAL ABILITIES. PT IS APPROPRIATE FOR MANY TYPES OF  
PATIENTS, FROM INFANTS BORN WITH MUSCULOSKELETAL BIRTH DEFECTS, TO ADULTS  
SUFFERING FROM SCIATICA OR THE AFTEREFFECTS OF INJURY OR SURGERY, TO  
ELDERLY POST-STROKE PATIENTS.

CARDIAC REHABILITATION -- A MEDICALLY SUPERVISED PROGRAM, INDIVIDUALIZED  
FOR EACH PATIENT. IT CONSISTS OF EXERCISE TRAINING, AS WELL AS EDUCATION  
AND COUNSELING ABOUT HEART-HEALTHY LIVING. BESIDES HEART ATTACKS, CARDIAC  
REHAB IS RECOMMENDED BY THE AMERICAN HEART ASSOCIATION FOR HEART  
CONDITIONS LIKE CORONARY ARTERY DISEASE, ANGINA OR HEART FAILURE, AFTER A  
HEART PROCEDURE OR SURGERY, INCLUDING BYPASS SURGERY, ANGIOPLASTY AND  
STENTING, VALVE REPLACEMENT, OR A PACEMAKER OR IMPLANTABLE CARDIOVERTER  
DEFIBRILLATOR.

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POST-COVID RECOVERY PROGRAM -- LAUNCHED TO ASSIST THE MANY PATIENTS WHO  
HAVE CONTINUING SYMPTOMS EVEN AFTER THEY NO LONGER TEST POSITIVE FOR  
COVID-19.

17. VEIN CENTER

SPIDER VEINS ON THE THIGHS, ANKLES OR CALVES IS A CONCERN FOR MANY  
PEOPLE. AT DEBORAH'S VEIN CENTER, THERE ARE NOW SPIDER VEIN AND VARICOSE  
VEIN TREATMENTS THAT CAN VIRTUALLY ELIMINATE THESE CONDITIONS.

18. THE WOMEN'S HEART CENTER

THE WOMEN'S HEART CENTER COMBINES DEBORAH'S EXPERTISE IN TREATING HEART  
AND VASCULAR DISEASE WITH PROGRAMS TO HELP REDUCE STRESS; REDUCE WEIGHT;  
QUIT SMOKING; EAT BETTER; SLEEP MORE SOUNDLY; MANAGE DIABETES AND EDUCATE  
WOMEN ABOUT THE SIGNS AND SYMPTOMS OF HEART AND VASCULAR DISEASE. THIS  
MULTI-PRONGED APPROACH AIMS TO REDUCE HEART AND VASCULAR DISEASE AMONG  
WOMEN.

19. THORACIC SURGERY

THORACIC - OR CHEST - SURGERY INCLUDES THE LUNGS, ESOPHAGUS, TRACHEA, AND  
CHEST WALL. A VARIETY OF SURGICAL TECHNIQUES, INCLUDING BOTH OPEN AND  
MINIMALLY INVASIVE, ARE PERFORMED BY DEBORAH'S SURGICAL TEAM, INCLUDING:

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DEBORAH HEART AND LUNG CENTER

**Supplemental Information to Form 990 or 990-EZ**

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- CHEST WALL PROCEDURES
- ESOPHAGEAL PROCEDURES
- LUNG VOLUME REDUCTION SURGERY
- MEDIASTINAL PROCEDURES
- PLEURAL PROCEDURES
- PULMONARY RESECTIONS (WEDGE, LOBECTOMY, PNEUMONECTOMY, SEGMENTECTOMY)
- TRACHEAL PROCEDURES
- VIDEO-ASSISTED THORACOSCOPIC LUNG SURGERY (VATS)

20. ENDOCRINOLOGY/DIABETES

ENDOCRINOLOGY AND DIABETES SERVICES ARE OPERATED BY DEBORAH SPECIALTY PHYSICIANS. PATIENTS ARE OFFERED ADVANCED TREATMENTS AND EDUCATION FOR A VARIETY OF COMPLEX ENDOCRINE DISORDERS. EVALUATION AND TREATMENT OF OTHER ENDOCRINE DISORDERS ARE OFFERED INCLUDING THYROID DISEASE, OSTEOPOROSIS, OBESITY AND POLYCYSTIC OVARY SYNDROME. EACH PATIENT RECEIVES INDIVIDUALIZED CARE THAT BEST SUPPORTS THE PATIENTS' LIFESTYLE TO REDUCE OR ELIMINATE RISK FACTORS.

**CORE FORM, PART V; QUESTION 15**

KULPREET S. BARN, M.D. AND MARK MOSHIYAKHOV, M.D. ARE INCLUDED WITHIN THE ORGANIZATION'S FORM 990, PART VII. THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO THESE INDIVIDUALS BECAUSE THEY ARE LICENSED MEDICAL PROVIDERS WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES

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AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

JOSEPH CHIRICHELLA IS INCLUDED WITHIN THE ORGANIZATION'S FORM 990, PART VII. THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO THIS INDIVIDUAL BECAUSE HIS REMUNERATION UNDER INTERNAL REVENUE CODE SECTION 4960 DID NOT EXCEED \$1,000,000 AND THUS NOT SUBJECT TO EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

**CORE FORM, PART VI, SECTION B; QUESTION 11B**

THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY THE ORGANIZATION'S AUDIT COMMITTEE.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR

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REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP  
REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS  
WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990  
WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE  
ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL  
REVIEW. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE  
MEMBERS OF THE DEBORAH HEART AND LUNG CENTER AUDIT COMMITTEE FOR REVIEW  
AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S  
GOVERNING BODY PRIOR TO FILING WITH THE IRS.

**CORE FORM, PART VI, SECTION B; QUESTION 12**

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS  
CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF  
TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW  
THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE.  
THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S DIRECTOR  
OF COMPLIANCE FOR REVIEW. THEREAFTER, THE DIRECTOR OF COMPLIANCE AND  
GENERAL COUNSEL REVIEW THE QUESTIONNAIRES AND MAINTAIN RECORDS OF THE  
COMPLETED QUESTIONNAIRES.

**CORE FORM, PART VI, SECTION B; QUESTION 15**

THE DEBORAH HEART AND LUNG CENTER BOARD OF TRUSTEES HAS A HUMAN RESOURCES  
COMMITTEE ("COMMITTEE"). THE COMMITTEE REVIEWS AND FOLLOWS INTERNAL  
REVENUE SERVICE GUIDELINES FOR REBUTTABLE PRESUMPTION OF REASONABLENESS  
FOR PURPOSES OF IRS CODE SECTION 4958 IN ITS EVALUATION AND  
DECISION-MAKING WITH RESPECT TO THE COMPENSATION PAID TO THE PRESIDENT &  
CEO. THE COMMITTEE IS PROVIDED WITH THE RECOMMENDATIONS OF THE PRESIDENT

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**Supplemental Information to Form 990 or 990-EZ**

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& CEO WITH RESPECT TO SENIOR LEADERSHIP COMPENSATION AND DATA TO  
DEMONSTRATE THAT HIS RECOMMENDATION IS IN LINE WITH IRS GUIDELINES. THE  
COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT  
THE "TOTAL COMPENSATION" OF SENIOR LEADERSHIP OF THE ORGANIZATION IS  
REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE CENTER TO RECEIVE THE  
REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF IRS CODE SECTION  
4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE  
SENIOR LEADERSHIP TEAM. FACTORS THAT SUPPORT THE CENTER'S STANDING WITH  
RESPECT TO ITS REASONABLENESS INCLUDE, BUT ARE NOT LIMITED TO:

1. THE COMPENSATION AND BENEFIT ARRANGEMENTS ARE APPROVED IN ADVANCE BY  
THE COMMITTEE, NONE OF WHOM HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO  
THE COMPENSATION ARRANGEMENT;

2. THE COMMITTEE RELIES UPON APPROPRIATE COMPARABLE EXTERNAL AND INTERNAL  
COMPENSATION DATA PRIOR TO MAKING ITS DETERMINATION. THIS DATA IS UPDATED  
EACH YEAR BY UTILIZING GENERALLY PUBLISHED SURVEYS, DATA PROVIDED BY  
HEALTHCARE ASSOCIATIONS, AND INFORMATION GLEANED FROM NEWSPAPER ARTICLES  
AND OTHER SOURCES AND REFLECTS COMPARABLE FACTORS, INCLUDING BUT NOT  
LIMITED TO GEOGRAPHY, BED SIZE, COMPLEXITY, REVENUE, ETC.

3. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATIONS IN TIMELY,  
FORMAL MEETING MINUTES.

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THE COMPENSATION AND BENEFITS OF THE OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, SCHEDULE J, ARE REVIEWED ANNUALLY BY THE PRESIDENT & CEO WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR, AND ARE BASED UPON VARIOUS OBJECTIVE AND SUBJECTIVE PERFORMANCE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. THE CENTER'S FINANCIAL STATUS AS WELL AS ITS NEED TO ATTRACT AND RETAIN COMPETENT LEADERSHIP IS ALSO REVIEWED AND CONSIDERED IN THIS PROCESS. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, ACTUAL PERFORMANCE AND OTHER RELEVANT PERFORMANCE FEEDBACK.

**CORE FORM, PART VI, SECTION B; QUESTION 16B**

DEBORAH HEART AND LUNG CENTER MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT VENTURE ENTERED INTO BY DEBORAH HEART AND LUNG CENTER WITH A FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

**CORE FORM, PART VI, SECTION C; QUESTION 18**

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN

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CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT  
OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION  
AFTER FILING ITS FORM 990 WITH THE IRS.

**CORE FORM, PART VI, SECTION C; QUESTION 19**

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS  
CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT  
OF THE TREASURY.

**CORE FORM, PART VII AND SCHEDULE J**

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND  
OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION.  
PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME  
EMPLOYEES OF THIS ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING  
MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES. IN ADDITION,  
JOSEPH MANNI WORKS 45 HOURS A WEEK AS THE CHIEF OPERATING OFFICER FOR THE  
ORGANIZATION AND WORKS 10 HOURS A WEEK AS THE CHIEF OPERATING OFFICER FOR  
DEBORAH HOSPITAL FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION  
501(C)(3) TAX-EXEMPT ORGANIZATION, FOR A TOTAL OF 55 HOURS A WEEK.

**CORE FORM, PART VII, SECTION A, COLUMN B**

THIS ORGANIZATION IS PART OF DEBORAH HEART AND LUNG CENTER; A TAX-EXEMPT  
INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES  
BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF  
TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII  
AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS  
ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON  
THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES



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RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

**CORE FORM, PART XI; QUESTION 9**

OTHER CHANGES IN FUND BALANCE INCLUDE:

- NET ASSETS RELEASED FROM RESTRICTION FOR PROPERTY, PLANT AND EQUIPMENT
- \$16,439;
- OTHER COMPONENTS OF NET PERIODIC PENSION COSTS - (\$409,665);
- PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS - \$538,687;
- NET ASSETS RELEASED FROM RESTRICTION - (\$62,271);
- CHANGE IN MEMBER CONTRIBUTIONS - (\$1,300,000);
- CHANGES IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST - (\$465,865); AND
- CHANGE IN BENEFICIAL INTEREST IN RESTRICTED NET ASSETS OF DEBORAH HOSPITAL FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$554,681).

**CORE FORM, PART XII; QUESTION 2**

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF

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**(Form 990 or 990-EZ)**

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THE TAXPAYER AND ITS SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2022  
AND DECEMBER 31, 2021; RESPECTIVELY, AND ISSUED A CERTIFIED AUDITED  
CONSOLIDATED FINANCIAL STATEMENT. THE AUDITED CONSOLIDATED FINANCIAL  
STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS.  
AN UNMODIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM. THE  
TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE  
AUDIT OF ITS CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN  
INDEPENDENT AUDITOR.

**CORE FORM, PART XII; QUESTION 3**

THE ORGANIZATION ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND  
ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT.

**DHLC**

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND  
EXPENSES INCURRED BY VARIOUS DEBORAH HEART AND LUNG CENTER RELATED  
PROGRAMS, DEPARTMENTS, ACTIVITIES AND DEBORAH HEART AND LUNG CENTER  
EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED  
BY DEBORAH HEART AND LUNG CENTER UTILIZING DIFFERENT FEDERAL  
IDENTIFICATION NUMBERS THAN 23-1550955. BELOW IS A LIST OUTLINING THE  
VARIOUS DEBORAH HEART AND LUNG CENTER PROGRAMS, DIVISIONS, DEPARTMENTS  
AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION  
NUMBERS:

PROFESSIONAL SERVICE FUND OF DHLC	23-1893623
DEBORAH MEDICAL INVESTMENTS, LLC	46-4400008
DEBORAH MEDICAL ASSOCIATES INSURANCE CO., LLC	38-3989806

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**DEBORAH HEART AND LUNG CENTER****23-1550955**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MID-ATLANTIC SURGICAL ASSOCIATES 100 MADISON AVENUE MORRISTOWN, NJ 07960	MEDICAL	3,000,000.
DOVER CARDIOLOGY CENTER 413 LAKEHURST ROAD TOMS RIVER, NJ 08755	MEDICAL	2,691,537.
EPSTEIN BECKER & GREEN PC 150 COLLEGE ROAD WEST, SUITE 301 PRINCETON, NJ 08540	LEGAL	2,451,589.
OCEAN CARDIOVASCULAR SPECIALISTS 25 MULE ROAD, SUITE B2 TOMS RIVER, NJ 08755	MEDICAL	1,693,588.
TORCON ONE CRESCENT DRIVE, SUITE 302 PHILADELPHIA, PA 19112	CONSTRUCTION	1,351,664.

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## FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
GENERAL SERVICES	12,225,670.	11,003,103.	1,222,567.	NONE
PHYSICIAN FEES	5,273,873.	4,746,486.	527,387.	NONE
CONTRACTED LABOR	4,388,833.	3,949,950.	438,883.	NONE
COLLECTION FEES	780,189.	702,170.	78,019.	NONE
TOTALS	-----	-----	-----	-----
	22,668,565.	20,401,709.	2,266,856.	NONE
	=====	=====	=====	=====

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

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**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DEBORAH MEDICAL INVESTMENTS, LLC 46-4400008 200 TRENTON ROAD BROWNS MILLS, NJ 08015	HEALTH SVCS.	NJ	NONE	280,800.	DHLC
(2) DEBORAH MEDICAL ASSOCIATES INS. CO., LLC 38-3989806 200 TRENTON ROAD BROWNS MILLS, NJ 08015	FIN. VEHICLE	NJ	1,225,291.	7,714,354.	DHLC
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DEBORAH HOSPITAL FOUNDATION 22-2049500 212 TRENTON ROAD BROWNS MILLS, NJ 08015	SUPPORT	NJ	501(C)(3)	509(A)(1)	N/A		X
(2) DEBORAH CARDIOVASCULAR GROUP, P.C. 03-0494366 200 TRENTON ROAD BROWNS MILLS, NJ 08015	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	DHLC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE SURGERY CENTER AT DEBORAH, 11221 ROE AVENUE STE 320 LEAWO	HEALTH SVCS.	KS	DHLC	RELATED	-59,584.	983,475.		X	NONE	X		58.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADVANCED MEDICAL MANAGEMENT SERVICES 20-4912042 200 TRENTON ROAD BROWNS MILLS, NJ 08015	MGMT SVCS.	NJ	DHLC	C CORP.	-2,753.	6,990.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity. . . . .	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		X
<b>p</b> Reimbursement paid to related organization(s) for expenses. . . . .	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF DEBORAH HEART AND LUNG CENTER; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE DEBORAH HEART AND LUNG CENTER ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

## RENT AND ROYALTY INCOME

Taxpayer's Name DEBORAH HEART AND LUNG CENTER							Identifying Number 23-1550955		
DESCRIPTION OF PROPERTY RENTAL INCOME									
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you actively participate in the operation of the activity during the tax year?					
TYPE OF PROPERTY:									
REAL RENTAL INCOME . . . . .									
OTHER INCOME: RENTAL INCOME							610,058.		
TOTAL GROSS INCOME . . . . .								610,058.	
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW) . . . . .									
LESS: Beneficiary's Portion . . . . .									
AMORTIZATION									
LESS: Beneficiary's Portion . . . . .									
DEPLETION . . . . .									
LESS: Beneficiary's Portion . . . . .									
TOTAL EXPENSES . . . . .									
TOTAL RENT OR ROYALTY INCOME (LOSS) . . . . .								610,058.	
Less Amount to									
Rent or Royalty . . . . .									
Depreciation . . . . .									
Depletion . . . . .									
Investment Interest Expense . . . . .									
Other Expenses . . . . .									
Net Income (Loss) to Others . . . . .									
Net Rent or Royalty Income (Loss) . . . . .							610,058.		
Deductible Rental Loss (if Applicable) . . . . .									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals . . . . .									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER INCOME

RENTAL INCOME	610,058.
	-----
	610,058.
	=====

## RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	610,058.			610,058.
	-----	-----	-----	-----
TOTALS	610,058.			610,058.
	=====	=====	=====	=====

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2022**

Name of estate or trust

Employer identification number

DEBORAH HEART AND LUNG CENTER

23-1550955

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet.				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.	NONE	98,393.		-98,393.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				<b>12</b>
<b>13</b> Capital gain distributions.				<b>13</b>
<b>14</b> Gain from Form 4797, Part I.				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet.				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				<b>16</b> -98,393.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

**Part III Summary of Parts I and II****Caution:** Read the instructions *before* completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>17</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>17</b>		
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		-98,393.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . .	<b>19</b>		-98,393.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>20</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 19, column (3) or b \$3,000 . . . . .	<b>20</b>	( 3,000.)
-----------	---	-----------	-----------

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

<b>21</b>	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero . . . . .	<b>22</b>		
<b>23</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,800 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . .	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$13,700 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . .	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . .	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2) . . . . .	<b>45</b>		

Schedule D (Form 1041) 2022

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

DEBORAH HEART AND LUNG CENTER

23-1550955

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	NONE	98,393.00			-98,393.00
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				NONE	98,393.			-98,393.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.